

September 17, 2019

Attention: Jonathan Werne, Vice President & General Counsel
St. Dominic Health Services, Inc.
969 Lakeland Dr.
Jackson, Mississippi 39216

Dear Mr. Werne,

**Reference: Reunion Parkway Phase 3
Right-of-Way Donation Request**

The Madison County Board of Supervisors is moving forward with the propose Reunion Parkway Phase 3 Project. As part of this project, right-of-way will be required for two parcels currently owned by St. Dominic Health Services, Inc. There have been discussions in the past between both parties that seemed favorable to the option that St. Dominic Health Services, Inc. would consider donating the required right-of-way. In order to comply with the Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Uniform Act), Madison County must state that St. Dominic Health Services, Inc. has the right to receive just compensation. The just compensation offers that have been presented are attached to this document. I am writing to request that St. Dominic Health Services, Inc. donate the right-of-way to Madison County. This will allow us to expend these funds towards the construction of the proposed route that will provide access to your property, connecting it to U.S. Highway 51 and Parkway East. I will be glad to discuss this request in person at a time that is convenient for you.

Regards,

Madison County Board of Supervisor

Trey Baxter, President
P.O. Box 608
Canton, MS 39046
601-790-2590
Trey.Baxter@madison-co.com

Attachment: EJC Offers, Donation Forms

Establishment of Just Compensation Offer

This document is prepared pursuant to Federal regulation at 49 CFR 24.102(d)

“Establishment and offer of just compensation. Before the initiation of negotiations, the Agency shall establish an amount which it believes is just compensation for the real property. The amount shall not be less than the approved appraisal of the market value of the property, taking into account the value of allowable damages or benefits to any remaining property. An Agency official must establish the amount believed to be just compensation”

The property that is the subject of this offer of just compensation is as follows:

Owner: St. Dominic Health Services, inc.
Parcel No: 002-00-00-W/ 002-00-00-T-001
Project No: 106992 / 701000
County: Madison

Under the authority conveyed to me by the Madison County Board of Supervisors, and based on the approved appraisal for the above-named property, which is inclusive of all compensable interests, I, Trey Baxter, President of the Madison County Board of Supervisors, do hereby establish the Madison County Board of Supervisors' offer of what is believed to be just compensation for the acquisition of the real property rights specified, in the amount of \$125,620.

Signed _____

Date 7/15/19

NOTICE TO ACQUISITION AGENTS

The “just compensation” figure specified above is the total offer for the property, inclusive of all interests. If more than one interest exists for the property, (T's, Q's, E's), please refer to the appraisal review report for allocation of this “just compensation” figure to the various interests that exist.

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The property that is the subject of this offer of just compensation is as follows:

Owner: St. Dominic Health Services, inc.
Parcel No: 001-00-00-W/ 001-00-00-T-001
Project No: 106992 / 701000
County: Madison

Under the authority conveyed to me by the Madison County Board of Supervisors, and based on the approved appraisal for the above-named property, which is inclusive of all compensable interests, I, Troy Bryson, President of the Madison County Board of Supervisors, do hereby establish the Madison County Board of Supervisors' offer of what is believed to be just compensation for the acquisition of the real property rights specified, in the amount of \$95,920.

Signed _____

Date 7/15/19

NOTICE TO ACQUISITION AGENTS

The “just compensation” figure specified above is the total offer for the property, inclusive of all interests. If more than one interest exists for the property, (T’s, Q’s, E’s), please refer to the appraisal review report for allocation of this “just compensation” figure to the various interests that exist.

Project No: LPA 106992/701000
Parcel No: 002-00-00-W; T-001
County: Madison

DONATION OF REAL PROPERTY

I fully understand that we have the right to receive just compensation for the real property herein described based on an appraisal of said property. I hereby waive our right to just compensation and donate the real property herein described to Madison County Board of Supervisors.

I further acknowledge and understand that a fair market value offer in the amount of \$124,300.00 was provided for the 12.43 acres of land, and a fair market value offer in the amount of \$1,320.00 was provided for the 0.92 acres of temporary easement.

Witness my signature this the ____ day of _____ A.D. 2019.

Signature _____

St. Dominic Health Services, Inc.

By: _____

STATE OF MISSISSIPPI

COUNTY OF HINDS

Personally appeared before me, the undersigned authority in and for said county and state, on this, ____ day of _____, 2019, within my jurisdiction, the within-named _____, who acknowledged that he/she is _____ of **St. Dominic Health Services, Inc.**, a Mississippi nonprofit corporation, and that in said capacity, and that for and on behalf of said nonprofit corporation, and as its act and deed, he/she executed the above and foregoing instrument, after first having been duly authorized so to do.

(NOTARY PUBLIC)

My commission expires: _____

Project No: LPA 106992/701000
Parcel No: 001-00-00-W; T-001
County: Madison

DONATION OF REAL PROPERTY

I fully understand that we have the right to receive just compensation for the real property herein described based on an appraisal of said property. I hereby waive our right to just compensation and donate the real property herein described to Madison County Board of Supervisors.

I further acknowledge and understand that a fair market value offer in the amount of \$92,500.00 was provided for the 9.25 acres of land, and a fair market value offer in the amount of \$3,420.00 was provided for the 2.39 acres of temporary easement.

Witness my signature this the ____ day of _____ A.D. 2019.

Signature _____

St. Dominic Health Services, Inc.

By: _____

STATE OF MISSISSIPPI

COUNTY OF HINDS

Personally appeared before me, the undersigned authority in and for said county and state, on this, ____ day of _____, 2019, within my jurisdiction, the within-named _____, who acknowledged that he/she is _____ of **St. Dominic Health Services, Inc.**, a Mississippi nonprofit corporation, and that in said capacity, and that for and on behalf of said nonprofit corporation, and as its act and deed, he/she executed the above and foregoing instrument, after first having been duly authorized so to do.

(NOTARY PUBLIC)

My commission expires: _____