

RESOLUTION NO. 810

A RESOLUTION TO ACCEPT A RIGHT-OF-WAY DEDICATION FOR ROAD PURPOSES OF PROPERTY ALONG S. W. BERG PARKWAY LOCATED JUST WEST OF OBC NORTHWEST, INC. FROM CATHERINE S. BOYCE, TRUSTEE, TRACY T. BOYCE AND MELODY P. BOYCE.

WHEREAS, the Canby City Planning Commission approved a design review application for improvements to property owned by Catherine S. Boyce, Trustee, Tracy T. Boyce and Melody P. Boyce to accommodate an expansion of the existing OBC Northwest, Inc facility located on S.W. Berg Parkway. As a condition of approval of the application, the owners agreed to dedicate a portion of its property for right-of-way purposes along the boundary with S.W. Berg Parkway in order to widen S.W. Berg Parkway; and

WHEREAS, CMC 16.88.060 requires the Canby City Council accept all property proposed to be dedicated to the City; and

WHEREAS, Catherine S. Boyce, Trustee, Tracy T. Boyce and Melody P. Boyce have proposed to dedicate a portion of its property to the City for road purposes, a copy of the legal description of the property is attached to the Deed for Road Purposes as Exhibit "A"; and

WHEREAS, the City Council believes this right-of-way would be a valuable asset to the City of Canby street system;

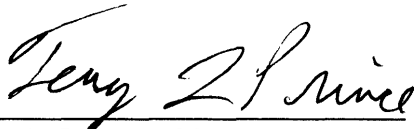
NOW THEREFORE, IT IS HEREBY RESOLVED by the City Council of the City of Canby, as follows:

Section 1. The Canby City Council accepts the Right-of-Way Dedication Deed for Road Purposes of a parcel of land as described in Exhibit "A" attached hereto, from Catherine S. Boyce, Trustee, Tracy T. Boyce and Melody P. Boyce to the City of Canby for the purpose of widening S.W. Berg Parkway in the City of Canby.


Section 2. The Canby City Council directs the Mayor of the City of Canby to execute the Deed for Road Purposes on behalf of the City and insure that it is properly recorded in the Deed Records of Clackamas County, Oregon.

This Resolution shall take effect September 4, 2002.

ADOPTED this 18th day of September, 2002, by the Canby City Council.


Terry L Prince - Mayor

ATTEST:



Chaunee Seifried,
City Recorder, Pro-Tem

AFTER RECORDING, RETURN TO:

The City of Canby
182 N. Holly Street - P.O. Box 930
Canby, OR 97013

SEND TAX STATEMENT TO:

The City of Canby
Post Office Box 930
Canby, OR 97013

DEED FOR ROAD PURPOSES

Charles B. Boyce, Cathrine S. Boyce, trustee, Tracy T. Boyce, and Melody P. Boyce hereby dedicate to the City of Canby, a Municipal Corporation, the following described real property for purposes of road and utility improvements and road right-of-way, on, over and under such property:

See Exhibits A & B attached hereto, and by this reference incorporated herein.

The true and actual consideration for this conveyance consists of other property or value given or promised, which is the whole consideration.

DATED this 18th day of September, 2002.

Deceased
Charles B. Boyce _____ Date _____

x Cathrine S. Boyce _____ 8/26/02
Cathrine S. Boyce, trustee Date

Tracy T. Boyce _____ 8/26/02
Tracy T. Boyce Date

x Melody P. Boyce _____ 8/26/02
Melody P. Boyce Date

STATE OF OREGON)
)ss.
County of CLACKAMAS)

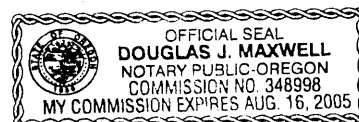
This instrument was acknowledged before me this 26 day of August
2002, by Charles B. Boyce, Cathrine S. Boyce, Tracy T. Boyce, and Melody P. Boyce.

Douglas J. Maxwell
Notary Public for Oregon
My Commission Expires 8-16-05

Accepted:
The City of Canby

By: Terry L. Smith - Mayor

Its: Mayor, City of Canby



CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

269136
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136.
CERTIFICATE OF DEATH

Local File Number

State File Number

1. DECEDENT'S NAME First Middle Last Charles Brainard Boyce			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 25, 1998
4. SOCIAL SECURITY NUMBER 543-01-8872	5a. AGE Last Birthday (Years) 79	5b. Under 1 Year Mos Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) St. Paul MN	7. DATE OF BIRTH (Month, Day, Year) Dec. 28, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) Providence Seaside Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Seaside, Oregon		9d. COUNTY OF DEATH Clatsop
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CEO		10b. KIND OF BUSINESS/INDUSTRY Agricultural Supplies		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed, Divorced (Specify) Cathrine S. Boyce		13a. RESIDENCE - STATE Oregon		
13b. COUNTY Multnomah		13c. CITY, TOWN, OR LOCATION Portland		
13d. STREET AND NUMBER 1615 S. W. Skyline		14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15. ZIP CODE 97221		16. RACE American Indian, Black, White, etc. (Specify) White		
17. FATHER - NAME first middle last Charles A. Boyce		18. MOTHER - NAME first middle maiden Claribel S. Stutenroth		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20. PLACE OF DISPOSITION (Name of institution or other place) Oregon Crematory		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. NAME, ADDRESS AND PHONE FACILITY Fairley Sunset Hills Mortuary 6801 SW Sunset Hwy Portland, OR 97225		
22. DATE FILED (Month, Day, Year) MAY 29 1998		23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL OR COHERENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Spouse refused.		
24. TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 2137				
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated (Signature) <i>[Signature: James V. Sisk]</i>				
30. DATE SIGNED (Month, Day, Year) May 25, 1998				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James V. Sisk, 725 S. Wahanna, Seaside, Oregon 97138				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James V. Sisk, M.D.				
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR CAUSE OF DEATH, e.g., Choking or Respiratory Arrest)				
PART I (a) Gastrointestinal bleeding DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(b) Diabetes DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				Interval between onset and death
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		35a. DATE OF INJURY (Month, Day, Year) 11/8	35b. TIME OF INJURY - M	35c. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36. PLACE OF INJURY: At home, farm, street, factory, office building etc. (Specify)		37. DESCRIBE HOW INJURY OCCURRED		
38. LOCATION (Street and Number or Rural Route Number, City or Town, State)		39. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
40. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. If YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

ORIGINAL VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED

MAY 29 1998

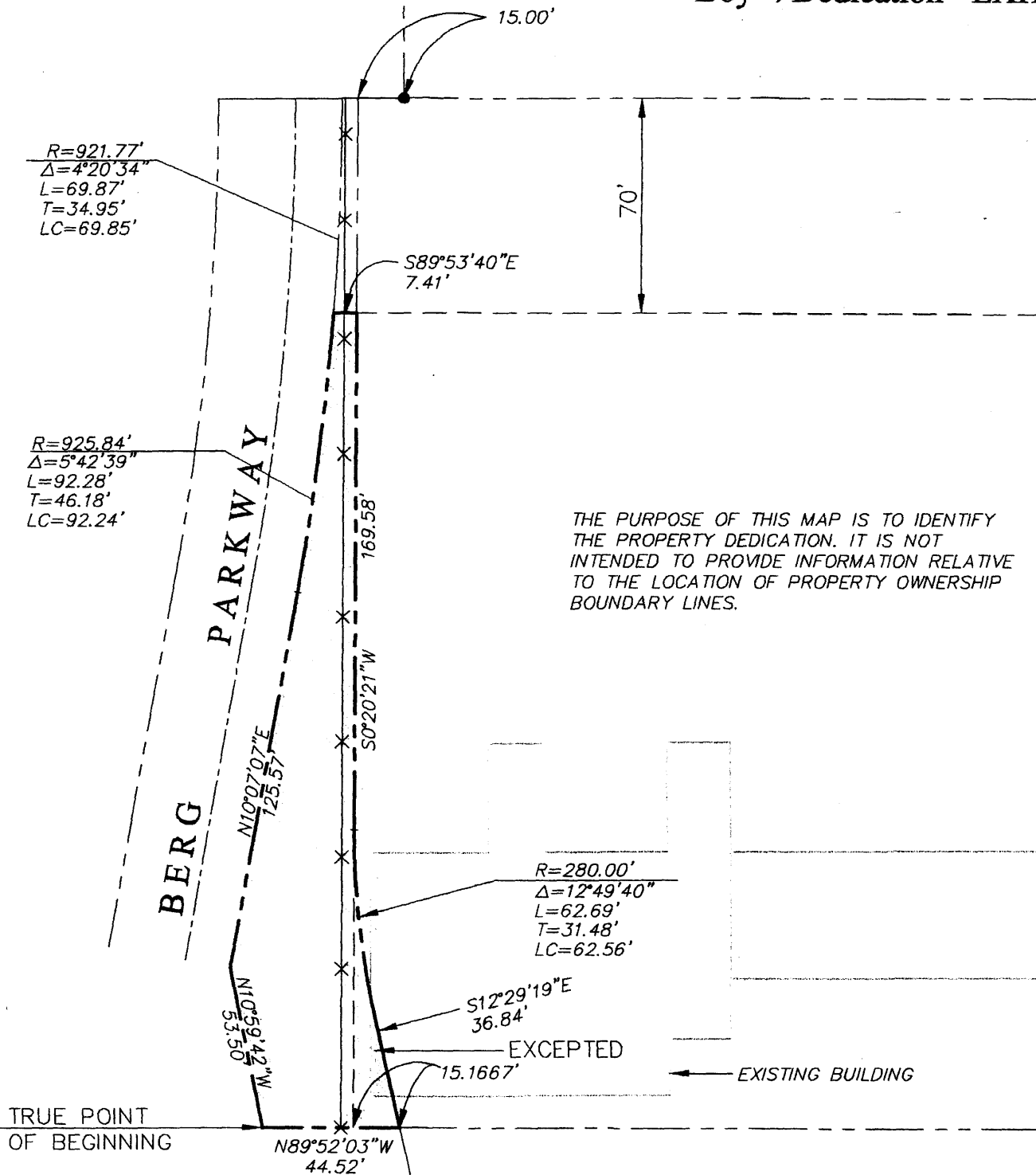
EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 'A'

Beginning in the southwest corner of that tract of land described by document number 0094-71906, a contract sale from Charles B. and Cathrine S. Boyce to Tracy T. and Melody P. Boyce, Clackamas County Deed Records, which is the true point of beginning; thence heading northerly along the western boundary of said tract of land, to a point of intersection with a line located seventy (70) feet south of and parallel to the northern boundary of said tract of land; thence continuing easterly along said line at a bearing of S89°53'40"E for a distance of 7.41 feet; thence S00°20'21"W for a distance of 169.58 feet; thence continuing along a curve left of radius 280.00 feet for a length of 62.69 feet; thence S12°29'19"E for a distance of 36.84 feet, more or less, to the southern boundary of said tract of land; thence N89°52'03"W along the southern boundary of said tract for a distance of 44.52 feet, more or less, to the true point of beginning. Excepting that portion of the described dedication that falls within the footprint of the existing building as shown on attached Exhibit 'B'.

Boy Dedication - EXHIBIT 'B'



SCALE" 1" = 50'

**TOWNSHIP 4 SOUTH, RANGE 1 EAST,
SECTION 5A, WILLAMETTE MERIDIAN,
CLACKAMAS COUNTY**

BOYCE PROPERTY DEDICATION

CURRAN-McLEOD, INC.
CONSULTING ENGINEERS