

# INDOT

Payment  
Document

## 9DSE9

Scan Key	<b>377719</b>
LA Code	3777
Parcel No.	19
Owner	DECKER, STEPHEN M.



# Indiana Department of Transportation

Division of Real Estate

100 North Senate Avenue, Room N642

Indianapolis, Indiana 46204-2219

PHONE: (317) 232-5060 - FAX: (317) 233-3055

# ORIGINAL

(317) 232-5060

June 14, 2006

Stephen Decker and Debra Robinson  
500 E. S.R. 246  
Farmersburg, Indiana 47850

Enclosed please find State Warrant 10597054 dated 6-12-06 Invoice No. 262510

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Replacement Housing Payment</u>	
<u>in conjunction with Indiana Department of Transportation Project <u>STP-2911(002)</u></u>	
Code: <u>3777</u> Parcel: <u>19(00)</u>	
County: _____	<u>\$ 25,488.00</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: Stephen M. Decker

Date: 6-21-06

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>13(00) 3777-0110-70</i>		DATE (MM,DD,YY) <i>05/11/06</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>DECKER, Stephen M. &amp; Debra Robinson</b>				SOCIAL SECURITY NUMBER [REDACTED]						
ADDRESS (NUMBER, STREET) <b>5639 McDaniel Road</b>				FEDERAL I.D. NUMBER						
CITY <b>Terre Haute</b>				STATE <b>IN</b>		ZIP <b>47302</b>				
PARCEL <b>13(00) 3777</b>		PROJECT <b>EP2011(002)</b>		DES NUMBER						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>4/1/06</i>	<i>325,433.00</i>	<i>1100</i>	<i>561200</i>	<i>102612</i>	<b>(NO)</b>					
				Check Delivery Send <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No See Reverse						
GROSS AMOUNT <b>325,433.00 --003--</b>				DOC I.D.: <b>PV 800 3777-0110-70</b>						
Replacement Housing by INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>200510</i>	<i>401</i>	<i>800</i>	<i>DOMN</i>	<i>200510</i>	<i>1</i>	<i>61</i>	<i>311-03</i>	<i>03</i>	<i>3777</i>
02		<i>800</i>								
03		<i>800</i>								
04		<i>800</i>								
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		Stephen M. Decker		Date		LEINHOLDER NAME				
DATE		Debra Robinson		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
				DEPUTY ATTORNEY GENERAL						
DATE		Debra Robinson		DATE						
				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
Recommended Approval:				<i>Tony P. Hedge</i> <b>JUN 08 2006</b>						
<i>[Signature]</i> Approved Division of Land Acquisition				INDOT DIVISION OF ACCOUNTING AND CONTROL Approved, Indiana Department of Transportation						
ORIGINATOR <i>[Signature]</i> DATE <i>6/1/06</i>				<i>[Signature]</i> <b>6/5/06</b> DIVISION CHIEF DATE						
DIVISION CHIEF DATE				DIVISION CHIEF DATE						

Stephen Decker and Debra Robinson  
500 E. State Road 246  
Farmersburg, IN 47850  
project STP-291-2(002)  
Parcel 19(00)  
Code 3777

Replacement Housing Payment---008---\$25,488.00

NEED: DS&S inspection  
photo of replacement property

See Kelly before making the check

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION							
DOCUMENT NUMBER <b>C 80037770192682</b>		DATE (MM,DD,YY) <b>6/13/06</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>					
VENDOR NAME <b>DECKER, Stephen M &amp; Debra Robinson</b>				SOCIAL SECURITY NUMBER <b>[REDACTED]</b>							
ADDRESS (NUMBER, STREET) <b>5639 McDaniel Road</b>				FEDERAL ID. NUMBER							
CITY STATE ZIP <b>Terre Haute, IN 47307</b>				VENDOR NUMBER							
CITY		STATE		ZIP		PARCEL PROJECT <b>19(00) 3777 SIP-2911 (102)</b>					
AREA BELOW TO BE COMPLETED BY AGENCY											
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND						
<b>06/13/06</b>	<b>2,270.00</b>	<b>4000</b>	<b>561200</b>	<b>108610</b>	<b>(NO)</b>						
				Check Delivery: Send <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No See Reverse							
GROSS AMOUNT <b>2,270.00</b>				DOC I.D.: <b>PV 800 37770192682</b>							
INDOT ACCOUNTING LINE DISTRIBUTION											
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT	
01	<b>262682</b>	<b>401</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>551</b>	<b>612</b>	<b>29110023</b>	<b>01</b>	<b>454.00</b>	
02	<b>262682</b>	<b>405</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>551</b>	<b>612</b>	<b>29110023</b>	<b>01</b>	<b>1816.00</b>	
03			<b>800</b>								
04			<b>800</b>								
DATE <b>6/19/06</b>				CLAIMANTS				LEINHOLDERS			
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:							
DATE		BUSINESS NAME		Date		LEINHOLDER NAME					
DATE		Stephen M. Decker		Date		LEINHOLDER NAME					
DATE				INSTRUMENT APPROVED AS TO FORM, PRELIMINARY ONLY, EXCEPTING REAL ESTATE DESCRIPTION.							
DATE				DEPUTY ATTORNEY GENERAL				DATE			
DATE				Debra Robinson				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.			
DATE				DATE				<b>Tony L. Hedge JUN 14 2006</b>			
RECOMMENDED APPROVAL: <b>[Signature]</b>				INDOT DIVISION OF ACCOUNTING AND CONTROL				DATE			
ORIGINATOR				APPROVED, INDIANA DEPARTMENT OF TRANSPORTATION							
APPROVED DIVISION OF LAND ACQUISITION				DATE				<b>[Signature]</b>			
DIVISION CHIEF				DATE				DIVISION CHIEF			

206-211-100

**DO NOT MAIL**

- Need 20# signed
- Mailing to New address

Instructions :

Cleaning Co's (010)  
\$2,270.00

STP-2911-(00)  
19(00) 3777

Stephen Decker  
5639 McFarland Rd  
~~Amherst, ON~~  
Torne Route, ON



# Indiana Department of Transportation

Division of Real Estate

100 North Senate Avenue, Room N642

Indianapolis, Indiana 46204-2219

PHONE: (317) 232-5060 - FAX: (317) 233-3055

(317) 232-5060

June 22, 2006

Stephen Decker and Debra Robinson  
5639 McDaniel Road  
Terre Haute, IN 47802

Enclosed please find State Warrant 10599827 dated 06-15-06 Invoice No. 262682

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Closing Costs</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-2911-(00)</u>	
Code: <u>3777</u> Parcel: <u>19(00)</u>	
County: _____	<u>\$ 2,270.00</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: mailed

Date: 6/22/06

INCIDENTAL EXPENSES / CLOSING COSTS CERTIFICATION

Name Stephen Decker

Project STP-2911(00)

Address 5639 McDaniel Road

Parcel 19(00) Code 3777

Note: Do not include property taxes, interest, or insurance. These are ongoing expenses paid in advance at closing and are not reimbursable costs.

Item	Amount
<u>Appraised Fee</u>	<u>\$ 275.00</u>
<u>Credit Report</u>	<u>28.00</u>
<u>Flood Cert</u>	<u>25.00</u>
<u>Loan Processing</u>	<u>175.00</u>
<u>Underwriting</u>	<u>175.00</u>
<u>Settlement Fee</u>	<u>225.00</u>
<u>Title Search</u>	<u>75.00</u>
<u>Title Exam</u>	<u>225.00</u>
<u>Title Insurance</u>	<u>50.00</u>
<u>Abstract Updates</u>	<u>632.00</u>
<u>Recording, Sales Disclosure, and Release fee, Survey fee</u>	<u>385.00</u>
<b>TOTAL</b>	<b>\$ 2,270.00</b>

I certify that I paid the above **Incidental Expenses**  **Closing Costs**  in purchasing my replacement dwelling at 500 E. S.R. 246, Farmerburg, In 47850. I am providing paid receipts and/or closing statements as documentation that these costs have been incurred and paid. I further certify that this dwelling is my principal place of residence.

6-30-06  
Date

Stephen M Decker  
Relocatee

1. This relocatee (IS / IS NOT) is fully eligible to receive an RHP as a 180-day owner or 90-day owner/tenant. If fully eligible, indicate date of determination and address of dwelling used as basis for the determination.

7/14/04 Date 7337 Mockingbird, Terre Haute, IN Address of Correlated Comparable

2. This relocatee (IS / IS NOT) is eligible to receive \$ 2,270.00 as reimbursement for closing costs and/or incidental expenses.

6/9/06 Date Jelly C. Jeni Relocation Specialist

Certified True Copy

B. TYPE OF LOAN

1.  FHA    2.  FMHA    3.  CONV. UNINS  
 4.  VA    5.  CONV. INS  
 6. FILE NUMBER: 05-220754    7. LOAN NUMBER: 90320050858  
 8. MORTGAGE INSURANCE CASE NUMBER:

SETTLEMENT STATEMENT  
 U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(p.o.c.)" were paid outside the closing; they are shown here for informational purposes and are not included in totals.

D. NAME & ADDRESS OF BORROWER STEPHEN M. DECKER  5639 MCDANIEL ROAD TERRE HAUTE, IN 47802 PH:		E. NAME & ADDRESS OF SELLER WILLIAM J. DECKER RETA J. DECKER 8672 S. STATE ROAD 46 TERRE HAUTE, IN 47802 PH: TIN #:		F. NAME & ADDRESS OF LENDER FIRST FINANCIAL BANK N/A P.O. BOX 540 ONE FIRST FINANCIAL PLAZA TERRE HAUTE, IN 47808 PH:812-238-6311	
G. PROPERTY LOCATION 94.6 ACRES 28-10-9  500 E. STATE ROAD 246 FARMERSBURG, IN 47850		H. SETTLEMENT AGENT HENDRICH TITLE COMPANY  I. SETTLEMENT DATE 04 October, 2005 DISBURSMENT DATE 04 October, 2005		PLACE OF SETTLEMENT FIRST FINANCIAL BANK N/A  4550 SOUTH US HIGHWAY 41 TERRE HAUTE, IN 47802 PH:812-234-6393 FAX:812-234-4610	

J. SUMMARY OF BORROWER'S TRANSACTION		K. SUMMARY OF SELLER'S TRANSACTION	
100. GROSS AMOUNT DUE FROM BORROWER:		400. GROSS AMOUNT DUE TO SELLER:	
101. Contract Sales Price	261,000.00	401. Contract Sales Price	261,000.00
102. Personal Property		402. Personal Property	
103. Settlement Charges to Borrower (L 1400)	2,650.14	403.	
104.		404.	
105.		405.	
Adjustments for items paid by seller in advance		Adjustments for items paid by seller in advance	
106. City taxes		406. City taxes	
107. County taxes		407. County taxes	
108. Assessments		408. Assessments	
109.		409.	
110.		410.	
111.		411.	
112.		412.	
120. GROSS AMOUNT DUE FROM BORROWER	263,650.14	420. GROSS AMOUNT DUE TO SELLER	261,000.00
200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER:		500. REDUCTION IN AMOUNT DUE TO SELLER:	
201. Deposit or Earnest Money	1,000.00	501. Excess Deposit	1,000.00
202. Principal \$ of new loan	85,000.00	502. Settlement charges to seller (L 1400)	757.00
203. Existing Loans taken		503. Existing Loans taken	
204.		504.	
205.		505. 2004/05 FALL R.E. TAXES	1,492.26
206.		506.	
207.		507.	
208.		508.	
209.		509.	
Adjustments for items unpaid by seller		Adjustments for items unpaid by seller	
210. City taxes		510. City taxes	
211. County taxes 1/ 1/05-10/ 4/05	2,264.97	511. County taxes 01/01/05-10/04/05	2,264.97
212. Assessments		512. Assessments	
213.		513.	
214.		514.	
215.		515.	
216.		516.	
217.		517.	
218.		518.	
219.		519.	
220. TOTAL PAID BY/FOR BORROWER	88,264.97	520. TOTAL REDUCTION AMOUNT DUE SELLER	5,514.23
300. CASH AT SETTLEMENT FROM/TO BORROWER		600. CASH AT SETTLEMENT TO/FROM SELLER	
301. Gross amount due frm borrower (L 120)	263,650.14	601. Gross amount due to seller (L 420)	261,000.00
302. Less amts pd by/for borrower (L 220)	( 88,264.97	602. Less reductions due seller (L 520)	( 5,514.23
303. CASH <input checked="" type="checkbox"/> FROM) ( TO) BORROWER	175,385.17	603. CASH <input checked="" type="checkbox"/> TO) ( FROM) SELLER	255,485.77

L. SETTLEMENT CHARGES.

GF: 05-220754

A. TOTAL SALES/BROKER'S COMMISSION on \$		@	.00 % =	PAID FROM BORROWER'S FUNDS AT SETTLEMENT	PAID FROM SELLER'S FUNDS AT SETTLEMENT
Division of commission as follows:		\$			
701.	\$ .00	to			
702.	\$ .00	to			
703.	Commission paid at settlement				
704.					
<b>800. ITEMS PAYABLE IN CONNECTION WITH LOAN</b>					
801.	Loan Orig. fee .0000%				
802.	Loan Discount .0000%				
803.	Appraisal fee to JONES & ASSOCIATES			275.00	✓
804.	Credit Report to LAND AMERICA			28.00	✓
805.	Lender's Insp fee				
806.	Mig Ins App Fee to				
807.	Assumption Fee				
808.	Tax Service Fee				
809.	Flood Cert Fee to FLOODPLAIN CONSULTANTS			25.00	✓
810.	LOAN PROCESSING FEE TO:FIRST FINANCIAL BANK NA			175.00	✓
811.	UNDERWRITING FEE TO:FIRST FINANCIAL BANK NA			175.00	✓
812.					
813.					
814.					
<b>900. ITEMS REQUIRED BY THE LENDER TO BE PAID IN ADVANCE</b>					
901.	Interest from 10/04/05 thru 11/01/05		@ \$ 13.58000 /day	380.14	NO INTEREST OR TAXES
902.	Mig Ins Prem for months				
903.	Hzd Ins Prem for 1 years		FARM BUR S2126 POC		
904.					
905.					
906.					
<b>1000. RESERVES DEPOSITED WITH LENDER</b>					
1001.	Hazard Insurance		mo. @ \$ / mo.		
1002.	Mortgage Insurance		mo. @ \$ / mo.		
1003.	City property taxes		mo. @ \$ / mo.		
1004.	Cnty property taxes		mo. @ \$ / mo.		
1005.	Annual assessments		mo. @ \$ / mo.		
1006.			mo. @ \$ / mo.		
1007.			mo. @ \$ / mo.		
1008.	1/6th Aggregate Cushion Adjustments				
<b>1100. TITLE CHARGES</b>					
1101.	Settlement Fee to HENDRICH TITLE COMPANY			225.00	✓
1102.	Title search to HENDRICH TITLE COMPANY			75.00	✓
1103.	Title examination to Cox Zwerner Gambill & Sullivan			225.00	✓
1104.	Title ins. binder to				
1105.	Document prep. to Cox Zwerner Gambill & Sullivan				75.00
1106.	DOCUMENT PREP TO HENDRICH TITLE COMPANY				10.00
1107.	Attorney's fees to				
	(includes above item numbers: )				
1108.	Title insurance to HENDRICH TITLE COMPANY			50.00	✓
	(includes above item numbers: 05-220754)				672.00
1109.	Lender's coverage \$ 85000.00				
1110.	Owner's coverage \$ 261000.00				
1111.	Processing Fee to HENDRICH TITLE COMPANY				
1112.	FEE FOR ABSTRACT UPDATES			632.00	✓
1113.					
1114.					
1115.					
<b>1200. GOVERNMENT RECORDING AND TRANSFER CHARGES</b>					
1201.	Recording fees: Deed \$ 18.00		Mtg \$ 42.00	Rel \$ .00	60.00
1202.	City/Cnty stamps : Deed \$ .00		Mortgage \$ .00		
1203.	State tax stamps : Deed \$ .00		Mortgage \$ .00		
1204.	Sales Disclosure to: Vigo County Auditor				15.00
1205.	RELEASE FEE TO:FIRST FINANCIAL BANK NA			10.00	✓
<b>1300. ADDITIONAL SETTLEMENT CHARGES</b>					
1301.	Survey to: WILLIAM MAC STEELE				300.00
1302.	Pest insp:				
1303.					
1304.					
1305.					
1306.					
1307.					
1400.	TOTAL SETTLEMENT CHARGES (enter on lines 103, Sec J and 502, Sec K)			2,650.14	757.00

SUBSTITUTE FORM 1099 SELLER STATEMENT--The information contained in Blocks E, G, H, and I and on line 401 is important tax information and is being furnished to the Internal Revenue Service in lieu of form 1099-S.

STEPHEN M. DECKER  
500 E STATE RD. 246  
FARMERSBURG, IN 47850

71-35  
749  
1384902

3482

DATE 1-16-66

PAY TO THE  
ORDER OF

WILLIAM DECKER

\$2,264.97

Two thousand two hundred sixty four and 97/100 DOLLARS



**First Financial Bank**  
Terre Haute, Indiana

2,264.97

MEMO 246 P. TAX (closing)

Stephen M. Decker

⑆074900356⑆ 1308490 200 3482 ⑆0000226497⑆

RECEIVED  
JAN 16 1966  
FARMERSBURG, IN

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

10249783  
6-21-05

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>680237770193118</i>		DATE (MM,DD,YY) <i>6/14/05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>DECKER, Stephen M. and Debra Robinson</b>				SOCIAL SECURITY NUMBER [REDACTED]						
ADDRESS (NUMBER, STREET) <b>5639 McDaniel Road</b>				FEDERAL I.D. NUMBER						
CITY <b>Terre Haute</b>				STATE <b>IN</b>		ZIP <b>47802</b>				
PARCEL <b>19(00)3777 S</b>		PROJECT <b>TP2911(002)</b>		DES NUMBER						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>26/14/05</i>	<i>4,000.00</i>	<i>4000</i>	<i>601200</i>	<i>123610</i>	<i>ND</i>					
					Check Delivery : Send <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO See Reverse					
GROSS AMOUNT <b>\$4,000.00</b>		<b>007</b>		DOC I.D.: <b>PV 800</b> <i>37770193118</i>						
Residential Scheduled Move - <b>INDOT ACCOUNTING LINE DISTRIBUTION</b>										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>253118</i>	<i>400</i>	<b>800</b>	<i>2075</i>	<i>21000</i>	<i>101</i>	<i>612</i>	<i>29112283</i>	<i>01</i>	<i>800.00</i>
02	<i>253118</i>	<i>400</i>	<b>800</b>	<i>2075</i>	<i>61000</i>	<i>101</i>	<i>613</i>	<i>29112283</i>	<i>01</i>	<i>3,200.00</i>
03			<b>800</b>							
04			<b>800</b>							
<b>CLAIMANTS</b>				<b>LEINHOLDERS</b>						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
<i>6/14/05</i>		<i>Stephen M. Decker</i>								
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
<i>6/14/05</i>		<i>Debra Robinson</i>								
Recommended Approval:				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
<i>6-14-05</i>				DEPUTY ATTORNEY GENERAL						
ORIGINATOR <i>Suzi Warner</i>				DATE						
Approved Division of Land Acquisition				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
				<i>Tony P. Hedge</i> <b>JUN 16 2005</b>						
				INDOT DIVISION OF ACCOUNTING AND CONTROL						
				Approved, Indiana Department of Transportation						
				<i>R. Miller</i> <i>6/14/05</i>						
DIVISION CHIEF				DATE						
				DIVISION CHIEF						
				DATE						

Stephen Decker and Debra Robinson  
500 E. State Road 246  
Farmersburg, IN 47850  
Project STP-291-1(002)  
Parcel 19(00)  
Code 3777  
Residential Scheduled Move--\$4,000.00

Mail to the above address



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

June 24, 2005

Stephen Decker & Debra Robinson  
5839 McDaniel Road  
Terre Haute, Indiana 47802

Enclosed please find State Warrant 10249783 dated 6/21/05 Invoice No. 253118

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Residential Schedule</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1(002)</u>	
Code: <u>3777</u> Parcel: <u>19(01)</u>	
County: _____	<u>\$ 4,000.00</u>

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: TODD CLIFT MAILED  
Date: 6/24/05

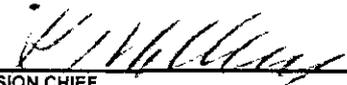
wtc

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

10 249785  
6-21-05

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>6777019314</i>		DATE (MM,DD,YY) <i>6/14/05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Decker, Stephen M. and Debra Robinson</b>				SOCIAL SECURITY NUMBER <i>[REDACTED]</i>						
ADDRESS (NUMBER, STREET) <b>5839 McDaniel Road</b>				FEDERAL I.D. NUMBER						
				VENDOR NUMBER						
CITY <b>Terre Haute</b>		STATE <b>IN</b>		ZIP <b>47302</b>		PARCEL <b>19(11) 3777</b>	PROJECT <b>STP-291-1(002)</b>	DES NUMBER		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>6/14/05</i>	<i>1,000.00</i>	<i>410</i>	<i>612</i>	<i>12500</i>	<i>NO</i>					
					Check Delivery: Sent <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>See Reverse</i>					
GROSS AMOUNT <b>\$1,000.00</b>				DOC I.D.: <b>PV 800</b> <i>6777019314</i>						
Searching Expense -013 INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>253121</i>	<i>410</i>	<b>800</b>	<i>2013</i>	<i>601200</i>	<i>101</i>	<i>612</i>	<i>STP-291-1(002)</i>	<i>01</i>	<i>1,000.00</i>
02	<i>253121</i>	<i>400</i>	<b>800</b>	<i>2013</i>	<i>601200</i>	<i>101</i>	<i>612</i>	<i>STP-291-1(002)</i>	<i>01</i>	<i>400.00</i>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE <i>2-17-05</i>		BUSINESS NAME <b>ALMOST-A-RANCH</b>		Date		LEINHOLDER NAME				
DATE <i>6-17-05</i>		Signature <i>Stephen M. Decker</i>		Date		LEINHOLDER NAME				
DATE <i>7-17-05</i>		Signature <i>Debra Robinson</i>		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
Recommended Approval:				 <b>JUN 16 2005</b>						
 Approved Division of Land Acquisition										
ORIGINATOR				INDOT DIVISION OF ACCOUNTING AND CONTROL						
DATE <i>6-14-05</i>				DATE						
APPROVED DIVISION OF LAND ACQUISITION				Approved, Indiana Department of Transportation						
DIVISION CHIEF				 DATE <i>6/14/05</i>						

Project SFP-291-1(002)  
Parcel 19 (01)  
Code 3777

Stephen M. Decker  
Debra Robinson  
~~5639 Mebaniet Road~~  
Terre Haute, IN 47802

500 E. State Road 246  
Farmersburg, IN 47850

Searching Expenses - -013---\$1,000.00

Mail to above address



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

June 24, 2005

Stephen Decker & Debra Robinson  
5839 McDaniel Road  
Terre Haute, Indiana 47802

Enclosed please find State Warrant 10249785 dated 6/21/05 Invoice No. 253121

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Searching Expense</u>	
<u>in conjunction with Indiana Department of</u>	
<u>Transportation Project</u> <u>STP-291-1(002)</u>	
Code: <u>3777</u> Parcel: <u>19(01)</u>	
County: _____	<u>\$ 1,000.00</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: MAILED TC

Date: 6/24/05

wtc



Instructions:

Stephen Baker  
5639 McDaniel Rd  
Thermohouse, OH

Receipt (014)  
\$ 10,000.00

STP-291-1-002  
19(00) 3777

mail when ready  
to:

500 E. S.R. 246  
Farmsburg, OH 47850



# Indiana Department of Transportation

Division of Real Estate

100 North Senate Avenue, Room N642

Indianapolis, Indiana 46204-2219

PHONE: (317) 232-5060 - FAX: (317) 233-3055

(317) 232-5060

June 22, 2006

Stephen Decker and Debra Robinson  
5639 McDaniel Road  
Terre Haute, IN 47802

Enclosed please find State Warrant 10599828 dated 06-15-06 Invoice No. 262683

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Reestablishment</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-2911-(00)</u>	
Code: <u>3777</u> Parcel: <u>19(00)</u>	
County: _____	<u>\$ 10,000.00</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: mailed / new address

Date: 6/22/06

(W)

Substitute Form **Taxpayer Identification Number Request**

State of Indiana

OWS FORM 201401R (1/11)  
APPROVED BY OWIS BUREAU OF ACCOUNTS 2001  
APPROVED BY BUREAU OF STATE 2001

W-9

DO NOT send to IRS

<b>Print or Type</b>		Return to address below <b>SENT</b> <b>10-4-04</b>
<b>Legal Name</b>	(OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE	
<b>Trade Name</b>	Complete only if doing business as (D/B/A)	
<b>Remit Address</b>		
5639 McDaniel Road, Terre Haute, IN 47802		
<b>Purchase Order Address- Optional</b>		STP-291-1(00 par: 19(00) code: 3777

Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below:  
(SSN = Social Security Number, EIN = Employer Identification Number)

**Individual** STEPHEN M. DECKER (Individual's SSN ~~XXXXXXXXXX~~)

**Sole Proprietorship** (Owner's SSN or Business EIN) SSN \_\_\_\_\_ EIN \_\_\_\_\_

**Partnership**  General  Limited (Partnership's EIN) \_\_\_\_\_

**Estate / Trust** (Legal Entity's EIN) \_\_\_\_\_  
Note: Show the name and number of the legal trust, or estate, not personal representatives.

**Other** (Limited Liability Company, Joint Venture, Club, etc) (Entity's EIN) \_\_\_\_\_

**Corporation** Do you provide legal or medical services?  Yes  no (Corp's EIN) \_\_\_\_\_

**Government** (or Government operated entity) (Entity's EIN) \_\_\_\_\_

**Organization Exempt from Tax under Section 501(a)** Do you provide medical services?  Yes  no (Org's EIN) \_\_\_\_\_

Check here if you do not have a SSN or EIN but have applied for one.

**COPY**

Under penalties of perjury, I certify that:

- (1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

**CERTIFICATION INSTRUCTIONS** -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type) Stephen M. Decker TITLE Owner

AUTHORIZED SIGNATURE Stephen M. Decker DATE 9-23-04 PHONE 812-299-26

Agency use only  
Agency \_\_\_\_\_ 1099  Yes  No Approved by: \_\_\_\_\_

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

10249784  
6-21-05

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>68003777019 0119</i>		DATE (MM,DD,YY) <i>6/14/05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>DECKER, Stephen M. and Debra Robinson</i>				SOCIAL SECURITY NUMBER [REDACTED]						
ADDRESS (NUMBER, STREET) <i>5639 McDaniel Road</i>				FEDERAL I.D. NUMBER						
CITY <b>Terre Haute</b>				STATE <b>IN</b>		ZIP <b>47302</b>				
PARCEL <b>19(01)3777</b>		PROJECT <b>TP-291-1(02)</b>		DES NUMBER <b>02</b>						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>06/14/05</i>	<i>10,000.00</i>	<i>4000</i>	<i>651000</i>	<i>112510</i>	<i>ND</i>					
					Check Delivery : Send <input checked="" type="checkbox"/> YES (See Reverse)					
GROSS AMOUNT <b>\$16,000.00</b>				DOC I.D.: <b>PV 800</b> <i>3777019 0119</i>						
<i>Business Self move 021</i>				INDOT ACCOUNTING LINE DISTRIBUTION						
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>253119</i>	<i>400</i>	<b>800</b>	<i>0290</i>	<i>301000</i>	<i>51</i>	<i>612</i>	<i>3777019 01</i>		<i>3,300.00</i>
02	<i>3777019</i>	<i>400</i>	<b>800</b>	<i>0290</i>	<i>301000</i>	<i>51</i>	<i>618</i>	<i>3777019 01</i>		<i>12,600.00</i>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
<i>5-2-05</i>		<i>Stephen M. Decker</i>								
DATE		Stephen M. Decker		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE		Debra Robinson		I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony E. Hedge</i>		<b>JUN 16 2005</b>				
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL						
				Approved, Indiana Department of Transportation						
ORIGINATOR <i>Suzi Wagner</i>		DATE <i>6-14-05</i>		<i>K. Miller</i>		DATE <i>6/14/05</i>				
Approved Division of Land Acquisition				DIVISION CHIEF						
DIVISION CHIEF				DATE						

Stephen Decker and Debra Robinson  
500 E. State Road 246  
Farmersburg, IN 47850  
Parcel 19(01)  
code 3777  
Business Self Move - 027--\$16,000.00  
(final portion 88% 40% of \$40,000.00)

Mail to the above address



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

June 24, 2005

Stephen Decker & Debra Robinson  
5839 McDaniel Road  
Terre Haute, Indiana 47802

Enclosed please find State Warrant 10249784 dated 6/21/05 Invoice No. 253119

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Business Self Move</u>	
<u>in conjunction with Indiana Department of</u>	
<u>Transportation Project</u> <u>STP-291-1(002)</u>	
Code: <u>3777</u> Parcel: <u>19(01)</u>	
County: _____	<u>\$ 16,000.00</u>

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: MAICED TC  
Date: 6/24/05

wtc



**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

10086909  
3-8-05

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION							
DOCUMENT NUMBER <i>CSK0-77701919</i>		DATE (MM,DD,YY) <i>3/3/05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>					
VENDOR NAME <b>DECKER, Stephen M. and Debra Robinson</b>				SOCIAL SECURITY NUMBER [REDACTED]							
ADDRESS (NUMBER, STREET) <b>5639 McDaniel Road, #</b>				FEDERAL I.D. NUMBER							
				VENDOR NUMBER							
CITY <b>Terre Haute</b>		STATE <b>IN</b>		ZIP <b>47902</b>		PARCEL <b>19 3777</b>	PROJECT <b>STP-291-1(002)</b>	DES NUMBER			
AREA BELOW TO BE COMPLETED BY AGENCY											
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND						
<i>2/10/05</i>	<i>24,000.00</i>	<i>4260</i>	<i>501000</i>	<i>10000</i>	<i>ND</i>						
					Check Delivery : Send <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No See Reverse						
GROSS AMOUNT <b>\$24,000.00</b>				DOC I.D.: <b>PV 800-77701919</b>							
<b>Business Self Move</b>				INDOT ACCOUNTING LINE DISTRIBUTION							
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT	
01	<i>552193</i>	<i>401</i>	<i>800</i>	<i>2215</i>	<i>11100</i>	<i>501</i>	<i>112</i>			<i>24,000.00</i>	
02			<i>800</i>								
03			<i>800</i>								
04			<i>800</i>								
CLAIMANTS						LEINHOLDERS					
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.						I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:					
DATE			BUSINESS NAME			Date			LEINHOLDER NAME		
<i>3-17-05</i>			<i>Stephen M. Decker</i>								
DATE			BUSINESS NAME			Date			LEINHOLDER NAME		
<i>3-22-05</i>			<i>Debra Robinson</i>								
Recommended Approval: <i>[Signature]</i> <b>Suzi Wagner</b> Approved Division of Land Acquisition						DEPUTY ATTORNEY GENERAL <i>[Signature]</i> <b>Tony C. Hedge</b> DATE <b>MAR 07 2005</b>					
ORIGINATOR/ <b>Suzi Wagner</b> DATE <i>3-3-05</i>						INDOT DIVISION OF ACCOUNTING AND CONTROL Approved, Indiana Department of Transportation <i>[Signature]</i> DATE <b>3/3/05</b>					
DIVISION CHIEF DATE						DIVISION CHIEF DATE					

Mail to the above address

027

\$24,000.00

Business Self Move

Stephen M. Decker and  
Debra Robinson  
5639 McDaniel Road  
Terre Haute, IN 47802

Project SFP-291-1(002)  
Parcel 19  
code 3777



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

March 9, 2005

Stephen M. Decker & Debra Robinson  
5639 McDaniel Road  
Terre Haute, IN 47802

Enclosed please find State Warrant 10086909 dated 3/08/2005 Invoice No. 252193

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Business Self Move</u>	
<i>PARTIAL PAYMENT</i>	
in conjunction with Indiana Department of	
Transportation Project <u>STP-291-1 (002)</u>	<i>\$24,000.00 of \$40,000.00</i>
Code: <u>3777</u> Parcel: <u>19</u>	
County: _____	<u>\$ 24,000.00</u>

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

*PARTIAL* Payment Received by: *Stephen Decker*

Date: *3-11-05*

tlm

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <b>CS0037770190362</b>		DATE (MM,DD,YY) <b>7-25-06</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>INDOT, LAND ACQUISITION DIVISION</b>				SOCIAL SECURITY NUMBER <b>[REDACTED]</b>						
ADDRESS (NUMBER, STREET) <b>1000 N. ALLEN ST.</b>				FEDERAL I.D. NUMBER						
CITY <b>INDIANAPOLIS</b>				STATE <b>IN</b>		ZIP <b>46202</b>				
PARCEL <b>1 (77) 0777</b>		PROJECT <b>777-03111(1) 4</b>		DES NUMBER						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<b>7/25/06</b>	<b>5,648.60</b>	<b>4000</b>	<b>561200</b>	<b>108610</b>	<b>(NU)</b>					
				Check Delivery: Send <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No See Reverse						
GROSS AMOUNT <b>5,648.60</b>				DOC I.D.: <b>PV 800 37770190362</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<b>01</b>	<b>270262</b>	<b>401</b>	<b>800</b>	<b>DDMN</b>	<b>261600</b>	<b>551</b>	<b>612</b>	<b>29110023</b>	<b>03</b>	<b>1129.72</b>
<b>02</b>	<b>270262</b>	<b>405</b>	<b>800</b>	<b>DDMN</b>	<b>261600</b>	<b>551</b>	<b>612</b>	<b>29110025</b>	<b>03</b>	<b>4518.88</b>
<b>03</b>			<b>800</b>							
<b>04</b>			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE				Date						
BUSINESS NAME				LEINHOLDER NAME						
DATE				Date						
DATE				LEINHOLDER NAME						
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
Recommended Approval:				<b>Tony P. Hedge</b> <b>JUL 31 2006</b>						
ORIGINATOR				INDOT DIVISION OF ACCOUNTING AND CONTROL						
DATE				DATE						
Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF				DATE						
DATE				DIVISION CHIEF						
DATE				DATE						

500 E. S.R. 46  
Farmsburg, Indiana 47850



**MAIL**

INSTRUCTIONS:

STP-2911 (00)  
19/00) 3777  
Bus. Actual Move (022)  
\$5,648.60

Steve Decker + Debra Roberson  
5639 McDaniel Rd.  
Gene Haute, IN 47802



# Indiana Department of Transportation

Division of Real Estate

100 North Senate Avenue, Room N642

Indianapolis, Indiana 46204-2219

PHONE: (317) 232-5060 - FAX: (317) 233-3055

(317) 232-5060

August 4, 2006

STEPHEN DECKER AND DEBRA ROBINSON  
5639 MCDANIEL ROAD  
TERRE HAUTE, IN 47802

Enclosed please find State Warrant 10621924 dated 8-04-06 Invoice No. 270362

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>BUSINESS ACTUAL COST MOVE</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-2911(00)</u>	
Code: <u>3777</u> Parcel: <u>19(00)</u>	
County: _____	<u>\$ 5,648.60</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: Mailed

Date: August 4, 2006

3423582

Customer's Order No. E9681 Date 11-4 19 05

Name Steve Decker

Address 500 E - SR 246 VIGO

PAID BY	CASH	C.O.D.	CHARGE	ON ACCT	BASE. REID	PAID OUT

QUAN	DESCRIPTION	PRICE	AMOUNT
	400 ft 1"		
	900 ft 3/4"		
	5 G.OST Fee HPY		
	RECONNECT 1 HPY		
	PLATE 12		
	PLATE 13		
	WCC 2-10		
	WIRE		
	PAINT TRENCHER		65
		11-15	
	TOTAL		6,200.00

All claims and returned goods MUST be accompanied by this bill.

Rec'd by [Signature]

MR. Armstrong

\$ 5,648.60 business portion of water lines

\$ 314.00 – Jet Pump  
141.00 – Expansion TK  
128.00 – 1" Pipe 400 ft @ .32 ft  
252.00 – 3/4 Pipe 900 ft @ .28 ft  
319.00 – 4/10 Wire 400 ft  
275.00 – 5) Frost Free Hydrants @ \$55.00 ea  
1,820.00 – Trencher 1.40 ft  
565.00 – Back Hoe  
2,245.00 – Labor  
86.00 – Misc. Pipe Fittings and Clamps  
55.00 – New Concrete Well Lid

---

\$6,200.00 – Total

To The House:

\$ 110.60 – 140 ft 4/10 Underground Wire  
44.80 – 140 ft @ .32 cents/ft  
55.00 – 1) Frost Free Hydrant 4 ft Bury  
196.00 – Trencher 140 ft  
145.00 – Labor

---

\$ 551.40 – To The House

\$5,648.60 BALANCE OF \$6200.00 To The Live Stock Buildings

**\$6,200.00 TOTAL**

As requested by Mr. Decker, I have itemized and priced the materials, included scope of work and separated the house from the livestock buildings.

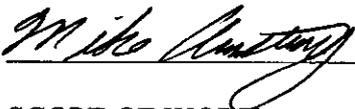
Mr. Decker has paid me in-full and all scope of work has been completed.

If there are any further questions or issues with this work please call or write me at:

Cell phone: 878-7306

Address: 2119 F. EATON DR T.H. 97802

Mike Armstrong



SCOPE OF WORK:

Remove Old Well Lid  
Remove 5 ft of Binidite  
Remove Bad Pump  
Remove Bad Tank

Install 1300 ft of Pipe  
Install 400 ft of Wire  
Install Jet Pump  
Install 5 Frost Free Hydrants  
Install Exp. Tank  
Install Well Lid

Reconnect (1) Existing Hydrant  
Back- fill and Level Earth to Grade

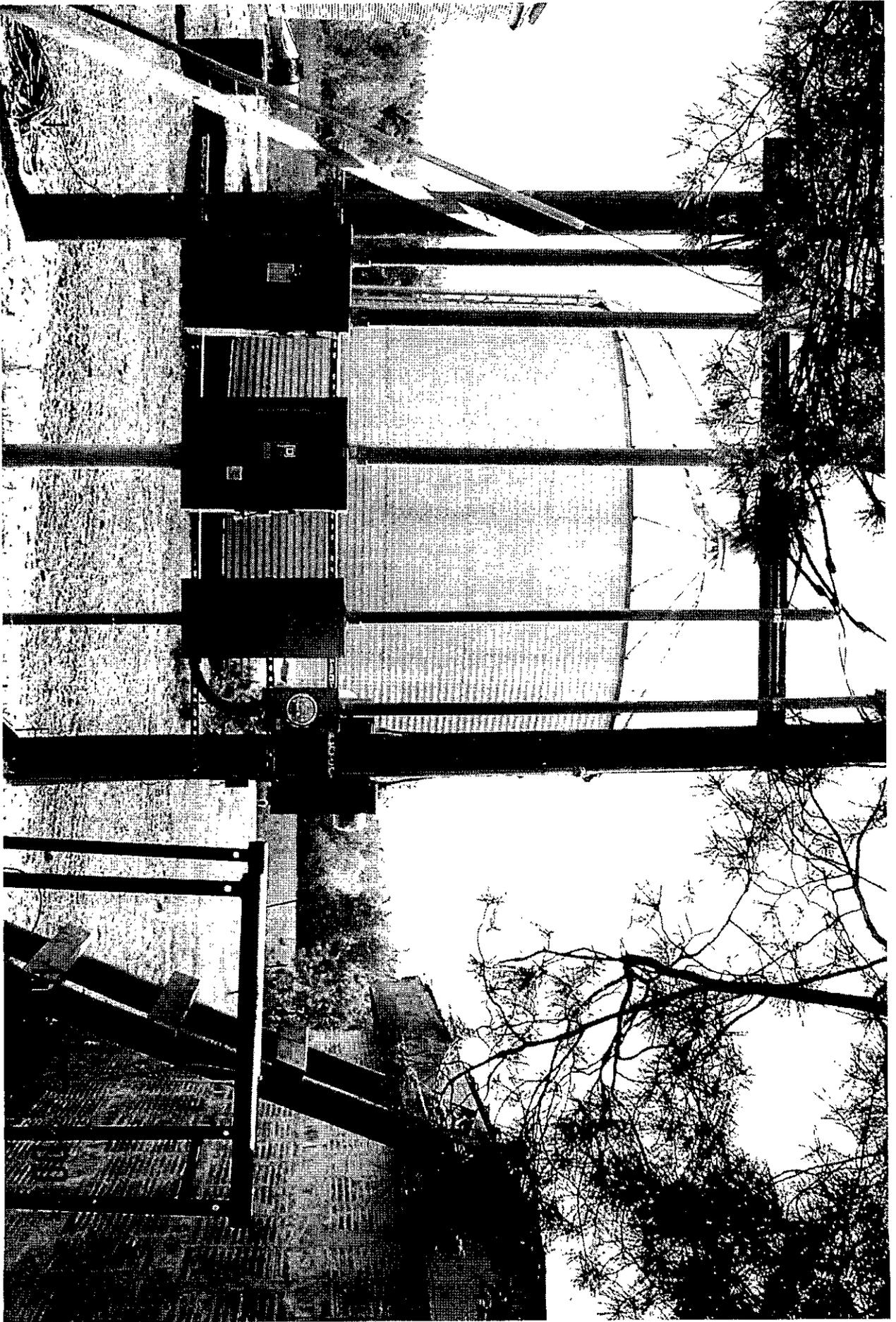
RECEIVED

JUL 21 2006

RELOCATION  
OFFICE OF REAL ESTATE



3777-19



3777-19



3777-19

APR 27 2006



# Indiana Department of Transportation

Division of Land Acquisition  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

PHONE: (317) 232-5058 - FAX: (317) 233-3055

September 6, 2006

Stephen Decker and Debra Robinson  
500 E. S.R. 246  
Farmersburg, Indiana 47850

Dear Debra:

We spoke last week and you were going to contact me to review the Carty Electric Billings. We have missed each other so I thought I would go over the information that I need again in order to process your moving expense claim. I sent to "Ron" at Carty Electric a copy of his billing receipt which was sent to me on June 1, 2006. I also spoke with him by phone and explained that I needed a break down of what electrical services were performed and what repairs were made to the business portion of the property. He suggested that only about \$600.00 was for the business portion of the total billing of \$4,255.11. When I spoke with you, you indicated that the billing was for the entire portion of the business not the residence. I need someone at Carty Electrical to verify what was done and that it was to the business portion of the property only. Once I receive that billing and explanation I can pay the amount of the claim for the business portion only under Reestablishment. I have a signed voucher I just need an amount and verification to process the payment.

If you need additional information from me please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Kelly".

Kelly Conlin Keim  
Chief Relocation Specialist  
Office of Real Estate

## RECEIVED

SEP 5 2006

RELOCATION  
OFFICE OF REAL ESTATE

3423582

Customer's Order No. EGE81 Date 11-4 1905

Name Steve Decker

Address 500 E - SR 246 WIGO

PAID BY	CASH	COD	CHARGE	ON ACCT	HOUSE KEPT	PAID OUT
---------	------	-----	--------	---------	------------	----------

QUAN	DESCRIPTION	PRICE	AMOUNT
	400 ft 1"		
	900 ft 3/4"		
	5 GUEST Fee HPX		
	RECONNECT 1 HPX		
	PLATE 12		
	WCC 2-10		
	WIRE		
	rent TRENCHER		65
		11.15	
	<b>TOTAL</b>		<b>6,200.00</b>

ALL claims and returned goods MUST be accompanied by this bill.

Rec'd by [Signature]

MR. Armstrong

\$ 314.00 – Jet Pump  
141.00 – Expansion TK  
128.00 – 1" Pipe 400 ft @ .32 ft  
252.00 – 3/4 Pipe 900 ft @ .28 ft  
319.00 – 4/10 Wire 400 ft  
275.00 – 5) Frost Free Hydrants @ \$55.00 ea  
1,820.00 – Trencher 1.40 ft  
565.00 – Back Hoe  
2,245.00 – Labor  
86.00 – Misc. Pipe Fittings and Clamps  
55.00 – New Concrete Well Lid

---

\$6,200.00 – Total

To The House:

\$ 110.60 – 140 ft 4/10 Underground Wire  
44.80 – 140 ft @ .32 cents/ft  
55.00 – 1) Frost Free Hydrant 4 ft Bury  
196.00 – Trencher 140 ft  
145.00 – Labor

---

\$ 551.40 – To The House

\$5,648.60 BALANCE OF \$6200.00 To The Live Stock Buildings

**\$6,200.00 TOTAL**

As requested by Mr. Decker, I have itemized and priced the materials, included scope of work and separated the house from the livestock buildings.

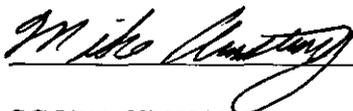
Mr. Decker has paid me in-full and all scope of work has been completed.

If there are any further questions or issues with this work please call or write me at:

Cell phone: 878-7306

Address: 2119 F. EATON, DR T.H. 47802

Mike Armstrong



---

SCOPE OF WORK:

Remove Old Well Lid  
Remove 5 ft of Binidite  
Remove Bad Pump  
Remove Bad Tank

Install 1300 ft of Pipe  
Install 400 ft of Wire  
Install Jet Pump  
Install 5 Frost Free Hydrants  
Install Exp. Tank  
Install Well Lid

Reconnect (1) Existing Hydrant  
Back- fill and Level Earth to Grade



RECEIVED

OCT 12 2006

BRENT CARTY  
5231 W CO RD 75 N  
SULLIVAN, IN 47882

RELOCATION  
OFFICE OF REAL ESTATE

INVOICE

Account	5931	Invoice Number	4050671
Invoice Date	04/28/2006	Order Number	4050578
Due Date		05/10/2006	

Remit To:

Total Due: \$ 94.28

RETURN TO THE POSITION WITH PAYMENT

BRENT CARTY Account 5931 JN#5085 STEVE DECKER	Invoice: 4050671 Terms: Net 30 Due Date: 05/10/2006 Purchase Order: Page: 1
--	---

QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	AMOUNT	TAX
14026	400 AMP FUSTRON	EA	38.6000	-77.20	Yes
14140	FERZ-SHMT TR225R RK5	EA	55.3800	166.14	Yes
	Sales Tax			5.34	
	Total Sales Taxes				

ALL SALES FINAL AFTER 30 DAYS

SIGNATURE \_\_\_\_\_

PLEASE REMIT PAYMENT TO:

WIN ENERGY REMC  
PO BOX 270  
SULLIVAN IN 47882

Total Amount: \$ 94.28  
Amount Paid: \$ 0.00  
Total Due: \$ 94.28 ✓



BRENT CARTY  
5231 W CO RD 75 N  
SULLIVAN, IN 47882

STEPHEN M. DECKER  
500 E STATE RD. 246  
FARMERSBURG, IN 47850

71-35 14  
749  
1384902

3531

DATE 5-5-06

PAY TO THE ORDER OF WIN ENERGY / REMC \$ 94.28  
*Ninety four dollars and 28* DOLLARS  $\frac{28}{100}$

**First Financial Bank**  
Terre Haute, Indiana

MEMO FUSE *Stephen M. Decker*

⑆074900356⑆ 13 8490 2⑈ 3531

RECEIVED

Total Due: \$ 94.28

RETURN TOP PORTION WITH PAYMENT

BRENT CARTY  
Account 5931  
JN#6085  
STEVE DECKER

OCT 12 2006

RELOCATION  
OFFICE OF REAL ESTATE

Invoice: 4050671  
Terms: Net 30  
Due Date: 05/10/2006  
Purchase Order:  
Page: 1

PRODUCT	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	AMOUNT	TAX
4026	400 AMP FUSTRON	2.00	EA	38.6000	77.20	Yes
4140	FERZ-SHMT TR225R RK5	3.00	EA	55.3800	166.14	Yes
Sales Tax					Total Sales Taxes	5.34

MESSAGES

SALES FINAL AFTER 30 DAYS

SIGNATURE \_\_\_\_\_

EASE REMIT PAYMENT TO:

WIN ENERGY REMC  
PO BOX 270  
SULLIVAN IN 47882

Total Amount: \$ 94.28  
Amount Paid: \$ 0.00  
Total Due: \$ 94.28

Valley Electric Supply Corp.

1000 WABASH AVENUE  
TERRE HAUTE IN 47807

# INVOICE

Date VAR 22 2006

Invoice # 443246

Order #

Page # 1 [TERR]

TEL#: (812)238-0543

FAX#: (812)238-0434

www.vesupply.com

Sold to: TH CONTRACTOR CASH SALE

Ship to: SAME

Account # TCASH

Customer PO #	Buyer	Ship Date	Terms
	N	03/22/06	Net 10 Days
Department	Release/Job	VIA	

ORDR	SHIP	B/O	Product Code	Description	X-REF	UNIT	AMOUNT
1	1		78590115681	SQD PK27GTA LOAD CENTER EQUIPMENT GROUND BAR BUSY		10.11 EA	10.11
			INDIANA SALES TAX	0.61			
			Must have receipt for all returns.				
			** Current Payment **				
			PAID: 10.72				
<p><b>RECEIVED</b></p> <p>OCT 12 2006</p> <p>RELOCATION OFFICE OF REAL ESTATE</p>							

[JIMP]	Subtotal	10.11
	Sales tax	0.61
	Payment	-10.72
	** TOTAL	0.00
PLEASE REMIT TO: P.O. BOX 724 VINCENNES, IN 47591	Due By 04/01/08	

For Invoice 414986

VALLEY ELECTRIC SUPPLY  
1850 WABASH AVE  
TERRY WHITE IN 47907  
PHONE: (812) 238-8543

MERCHANT 1456 48086601108 001  
DATE: 07/29/06 02:54 PM

ST RECH: 349219  
COUNT #: XXXXXXXXXX2631  
001 VISA EXP: 07/07

EF #: 6  
IDN #: 272691  
IDN #: 898759

SALE \$ 318.00  
PK \$ 16.93  
TOTAL \$ 334.93

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
MERCHANT AGREEMENT IS CREDIT CARDHOLDER

*Stephen Decker*  
SIGNATURE

TOP COPY-MERCH BOTTOM-CUST

RECEIVED

OCT 12 2006

RELOCATION  
OFFICE OF REAL ESTATE

For Invoice 440632

\*\*\*\*\*  
VALLEY ELECTRIC SUPPLY  
1000 WARRICK AVE  
TERRE HAUTE IN 47887  
PHONE: (317) 238-8542  
\*\*\*\*\*

MERCHANT 1658 82006884126 031  
DATE: 09/07/06 10:26 AM

CUST ACCT#: 8102428  
ACCOUNT #: XXXXXXXXXX2401  
TYPE: VISA EXP: 07/07

REF #: 4  
DATE #: 09/07/06  
AUTH #: 000150

SALE \$ 285.78

I HEREBY TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IS CREDIT VOUCHER)

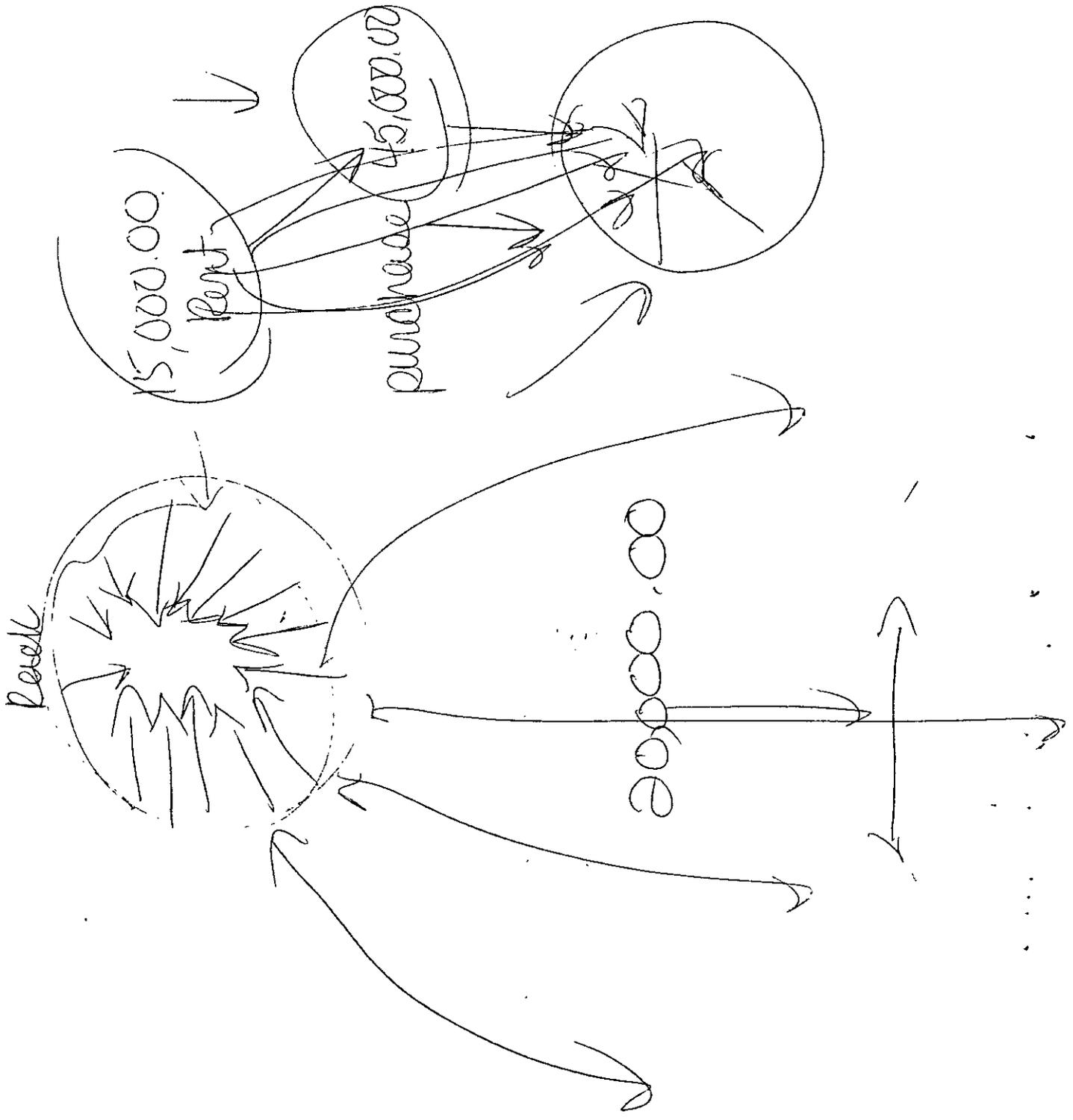
*Stephen Decker*  
SIGNATURE

TOP COPY-MERCH BOTTOM-CUST

RECEIVED

OCT 12 2006

RELOCATION  
OFFICE OF REAL ESTATE



Carty Electric, LLC  
5231 W CR 75 N  
Sullivan, IN 47882  
812-382-4426  
Cell 812-841-1770

## Bill for Services

**Customer Information:**

Name: Steve Decker Date: \_\_\_\_\_

Address: \_\_\_\_\_

Service: REPAIR OF VARIOUS 100A/200A SERVICES

---

---

Labor Cost: 30 Hrs @ 30/hr

Material Cost: WY PARTS 75.78  
REMC 518.32 REMC 187.77 RIGGS 5.45  
REMC 1618.91 REMC 1137.73 REMC 11.15

---

---

Labor Total: 900.00

Material Total: 3355.11

Total Bill: 4255.11

CHECK #3523  
PAID



Carty Electric, LLC  
5231 W CR 75 N  
Sullivan, IN 47882  
812-382-4426  
Cell 812-841-1770

### Bill for Services

**Customer Information:**

Name: Steve Decker Date: \_\_\_\_\_

Address: \_\_\_\_\_

Service: REPAIR OF VARIOUS 100A/200A SERVICES

Does NOT  
PERTAIN TO  
RESIDENTIAL!  
3-PHASE 240 SPLIT

Labor Cost: 30 Hrs @ 30/Hr

Material Cost: WY PARTS 75.78

REMC 318.32	REMC 187.77	PLUGS 5.45
REMC 1613.91	REMC 1137.73	REMC 11.15

Labor Total: 900.00

Material Total: 3355.11

Total Bill: 4255.11

CHECK #3523  
PAID

Called & talked  
to "Ron"  
Carty re  
600.00 more

Sent to  
Armstrong  
6/28/06

Account  
1384902

Name  
STEPHEN M DECKER

Statement Date  
05/10/06

Page  
2 of 3

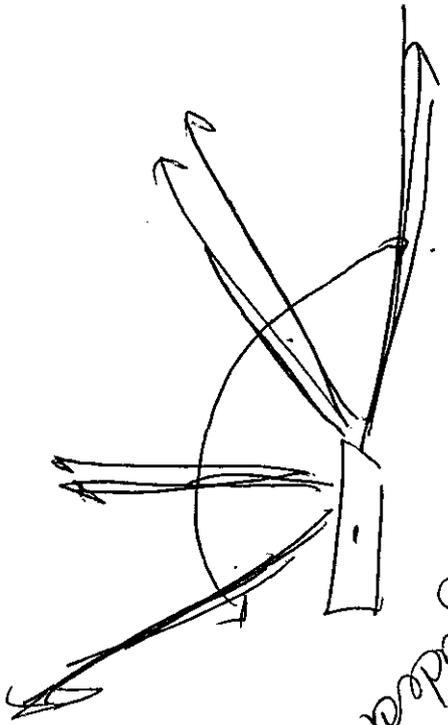
*only print out now  
available from bank*

STEPHEN M. DECKER SOC. S. STATE NO. 348 FAIRVESSBURG, N. 1752	3523 DATE <i>4/24/06</i>
PAY TO THE ORDER OF <u>CARTY ELECTRIC, LLC</u>	\$ <u>4255.11</u>
<i>North Laurel Fin. Serv. 444 First St. Laurel, MD 21084</i>	
 First Financial Bank	
<i>4246</i>	<i>Stephen M. Decker</i>
⑆074900356⑆ 13-8490 20 3523 70000425511⑆	

04/24

3523

4255.11



upgraded services  
 underground  
 danger → equipment



all new  
 to barns

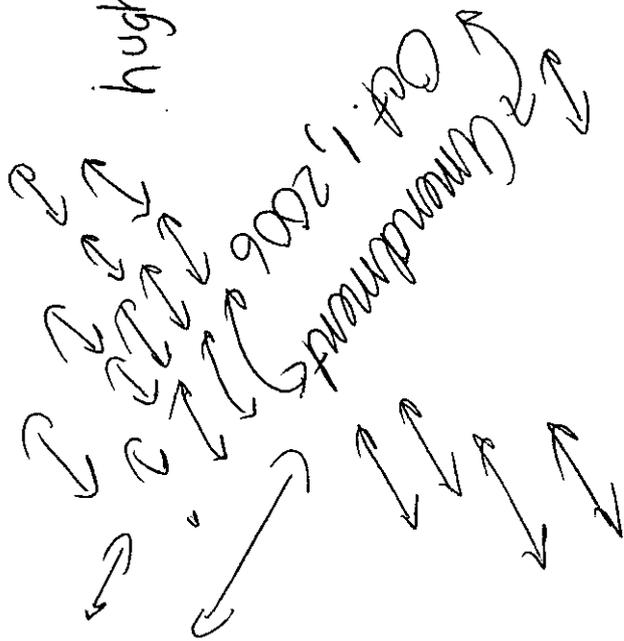
put all new 400/200  
 back 40'

moved pole  
 next to house expanding

old upgraded

hughssi@cox.net

600.00



S & G Excavating, Inc.  
 545 East Margaret Drive  
 Terre Haute, IN 47802  
 Vigo

# Statement

Statement Date:  
 Mar 16, 2006

Voice: 812-234-4848  
 Fax: 812-234-4858

Customer Account ID:  
 DECKER STEVE

Account Of: STEVE DECKER  
 500 E SR 246  
 FARMERSBURG, IN 47850

*Receipts.*

Amount Enclosed  
 \$ \_\_\_\_\_

Date	Due Date	Reference	Paid	Description	Amount	Balance
2/7/06	3/10/06	50247	Part		175.86	175.86
2/23/06	3/10/06	50473	Part	PO# ST RD 246	576.45	752.31
2/24/06	3/10/06	50488		PO# ST RD 246	117.32	869.63

*I credited Inv. # 50473 for #4 gravel that should have been \$ 9.70/ton instead of \$ 9.90/ton. Credit was \$4.41  
 Invoice # 50247 was credited \$210.93 for #4 gravel that you didn't get (1 load)*

*CK 3511  
 3-18-06*

Total 869.63

0-30	31-60	61-90	Over 90 days
869.63	0.00	0.00	0.00

You may have forgotten this bill. Thanks for your attention.

STEPHEN M. DECKER  
500 E STATE RD. 246  
FARMERSBURG, IN 47850

71-35 14  
749  
1384902

3511

DATE: 3-18-06

PAY TO THE ORDER OF S+G EXCAVATING, INC \$ 869.<sup>63</sup>

Eight hundred sixty nine dollars & 63/100 DOLLARS



**First Financial Bank**  
Terre Haute, Indiana

MEMO SAND + GRAV.

*Stephen M. Decker*

⑆074900356⑆

⑆3⑈8490

2⑈ 3511

⑆0000086963⑆



**Auten Trucking, Inc.**  
 4525 Darwin Road  
 W. Terre Haute, IN 47885-8964  
 533-1384

6526

CUSTOMER'S ORDER NO.		PHONE	DATE <i>5/24/04</i>			
NAME						
ADDRESS						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	DISC/RET.	PAY OUT
QTY.	DESCRIPTION		PRICE	AMOUNT		
<i>180</i>	<i>Washed Sand</i>		<i>7.00</i>	<i>1260.00</i>		
<i>TON</i>			<i>per ton</i>			
<i>60</i>	<i>Pea Gravel</i>		<i>8.75</i>	<i>525.00</i>		
<i>TON</i>			<i>per ton</i>			
<i>(Estimate Only)</i>						
				TAX	<i>107.10</i>	
RECEIVED BY				TOTAL	<i>1,892.10</i>	

SEP 28 2004

All claims and returned goods  
 MUST be accompanied by this bill.

*Thank You*

Excavating, Inc.  
 5 East Margaret Drive  
 Terre Haute, IN 47802  
 30

# Statement

Statement Date:  
 Oct 4, 2005

Phone: 812-234-4848  
 Fax: 812-234-4858

Customer Account ID:  
 DECKER STEVE

Account Of: STEVE DECKER  
 5639 MCDANIEL ROAD  
 TERRE HAUTE, IN 47802

Amount Enclosed  
 \$ \_\_\_\_\_

Date	Due Date	Reference	Paid	Description	Amount	Balance
10/05	10/10/05	46987		PO# 500 SR 246	532.07	532.07
<p><i>3 LOADS # 9</i></p> <p><i>pd in full 11-3-05 CA # 3447</i></p>						
Total						532.07

0-30	31-60	61-90	Over 90 days
532.07	0.00	0.00	0.00

Thanks for your business.

Dump Trucks, Inc.  
 P.O. Box 326  
 Clinton, IN 47842  
 Vermillion

# Invoice

Invoice Number:  
17268

Invoice Date:  
Feb 9, 2005

Voice: 765-832-5102  
 Fax: 765-832-9321

Page  
1

Sold To:

Ship to:

Stephen M. Decker  
 5639 McDaniel Rd  
 Terre Haute, IN 47802

Customer ID	Customer PO	Payment Terms	
S. Decker		Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
			3/11/05

Quantity	Item	Description	Backorder Qty	Unit Price	Extension
42.27	AGG LIME	TICKET #257516, 257600		3.25	137.38
42.27		HAUL		5.50	232.49
		<i>H-BARN</i>			
		<i>rocks in barn</i>			
			<i>CK 2976</i>		
			<i>2-14-05</i>		

	Subtotal	369.87
	Sales Tax	22.19
	Freight	
Check No:	Total Invoice Amount	392.06
	Payment Received	
	<b>TOTAL</b>	392.06

Overdue invoices are subject to finance charges.

STEPHEN M. DECKER  
500 E STATE RD. 246  
FARMERSBURG, IN 47850

71-35 14  
749  
1384902

3511

DATE 3-18-06

PAY TO THE  
ORDER OF

S & G EXCAVATING, INC.

\$ 869.63

Eight hundred sixty nine dollars + 63/100 DOLLARS  Security Features  
Included  
Inside on Back



**First Financial Bank** NA  
Terre Haute, Indiana

MEMO

SAND & GRAV.

Stephen M. Decker MP

⑆074900356⑆

138490

2⑈3511

⑆0000086963⑆

wont have actual bill

Clowdale

STEPHEN M. DECKER 5639 MC DANIEL RD. TERRE HAUTE, IN 47802		71-35 749 1384902	3057
PAY TO THE ORDER OF	LONE WOLF TRUCKING		\$ 550. <sup>09</sup>
Five hundred fifty dollars + <sup>09</sup> / <sub>100</sub>		DOLLARS	100
 TERRE HAUTE FIRST NATIONAL BANK TERRE HAUTE, INDIANA 47808			
MEMO	# 246 WHITE - Rock Stephen M. Decker		
⑆074900356⑆		⑆38490 2⑆	3057 ⑆0000055009⑆

# RECEIPT

## VIGO COUNTY BUILDING INSPECTION

Name of UNIT, AGENCY, BOARD OR DEPARTMENT

NO. \_\_\_\_\_

06124

FUND  
IN 3/21 YR 06

RECEIVED FROM

Stephen Becken

100

DOLLARS

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other
	25.00				

THE SUM OF

upgrade

100

DOLLARS

ON ACCOUNT OF

500 E SR 246

J. Parken  
AUTHORIZED SIGNATURE

100

DOLLARS

1380 E. Fort Harrison  
Terre Haute, IN 47805



Sale Transaction

Cust name: DECKER, STEVE

ORDER 24605  
 1X8-12' #3 STANDARD - PICK \* 34.93  
 1031230 7 @4.99  
 12" X 50' ALUMINUM - PICK 21.17  
 1572919  
 1X12-12' #3 STANDARD - PICK \* 10.99  
 1031434  
 2X4-10' STUD/#2+BTR - PICK \* 22.74  
 1021114 6 @3.79  
 ORDER SUBTOTAL 89.83  
 END OF ORDER

ORDER 24594  
 OAKRIDGE PRO 40 (48D - PICK 2484.00  
 1513073 184 @13.50  
 #30 FELT HEAVY DUTY - PICK 243.40  
 1511802 20 @12.17  
 HIP&RIDGE FOR OAKRID - PICK 88.92  
 1512352 3 @29.64  
 NAIL 1-1/4" GALV ROO - PICK 41.85  
 2291626  
 DELIVERY NO: 7212867 13.00  
 CONTRACTOR CLUB #: 24364  
 DELIVERY OVER \$1000  
 DELIVERY CHARGE ZONE B 16-25 MI  
 ORDER SUBTOTAL 2871.17  
 END OF ORDER

TACKER HAMMER HEAVY 29.94  
 2311344  
 STAPLES 1/2" HEAVY D 2.96  
 2311425  
 STAPLES 1/4" HEAVY D 2.46  
 2311399  
 STAPLES 1/2" HEAVY D 2.96  
 2311425  
 3/8" T50 STAPLES 500 10.49  
 2316747

TOTAL 3009.81  
 TAX AT 6% 180.59  
 TOTAL SALE 3190.40  
 VISA 2631 3190.40  
 003546 EXP: 07/05

THANK YOU, YOUR CASHIER, JEANNIE

17977 05 2420 08/17/04 12:27PM 3070

ACCOUNTS PAYABLE ; STORE MGMT

GREEMENT

GUEST - NAME, ADDRESS & PHONE	
NAME	DECKER, STEVE
STREET NUMBER	5639 MCDANIEL RD
CITY STATE, ZIP	TERRE HAUTE, IN 47802
HOME PHONE #	(812) 299-2467
ALTERNATE PHONE #	

DELIVERY ADDRESS - IF DIFFERENT THAN ABOVE:	
STREET NUMBER	
CITY, STATE, ZIP	

TERMS AND CONDITIONS	
1. The delivery charge will be as per the "Delivery Charge Rate Card," plus fuel surcharge if applicable. 2. Deliveries are during store operating hours. All efforts will be made to accommodate requested times. 3. All loads are taken off the truck and set/dumped on the driveway unless additional handling charges are paid. 4. Adequate access and sufficient area is required to dump or unload materials (including appliances) on level grade. If the driver is instructed to unload the material in such a place that is likely to tear up a lawn, crack cement by driving over it, get the truck or material stuck, etc., the delivery service is not responsible and the delivery guest assumes complete responsibility.	
I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS ABOVE AND REQUEST A DELIVERY.	
GUEST'S SIGNATURE	DATE

Since I or a representative of mine cannot be present, I waive any and all rights for claims on the above invoices that are delivered	
GUEST'S SIGNATURE	DATE

GUEST HAS INSPECTED THE MERCHANDISE ON THE ABOVE INVOICES AND FOUND LOAD COMPLETE WITH NO DAMAGE	
GUEST OR REPRESENTATIVE'S SIGNATURE	DATE

SPECIAL INSTRUCTIONS:	
SOUTH ON 1/2 41	
TO STATE RD # 246	
WEST 1.2/10 MILE	
90ft BLUE SILO	
500 E. SR 246	
Note: Draw map on back of white copy	

STORE NAME AND NUMBER

DELIVERY AGREEMENT #:

7212867

02 04

GUEST COPY

PY

RR 24594

RESS PHONE

ROAD

5 1 1

EXTENDED





1346638

Customer's  
Order No.

Date 9-10 2009

Name Steve Decker

Address

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT.	MOSE. RETD	PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
2	10 FT GATES	65.00	130.00
1	12 FT GATE		68.00
1	16 FT GATE		78.00
			<u>276.00</u>

PAID  
C K # 2893

RANDOLPH BATES  
Liberty, KY 42539  
PH 606-787-8723

ALL claims and returned goods MUST be accompanied by this bill.

Rec'd by

8910914290

STEPHEN M. DECKER  
5639 MC DANIEL RD.  
TERRE HAUTE, IN 47802

71-35  
749  
1384902

3049

DATE 4-15-05

PAY TO THE ORDER OF DAN WHITE \$ 300.00

Three Hundred Dollars and no cent DOLLARS

ACCT. NO. 1384902



TERRE HAUTE FIRST  
NATIONAL BANK  
TERRE HAUTE, INDIANA 47803

284 Amount 300.00

4/15/2005-13:47:31

Check

DXB0927

MEMO 1/2 Dress PAINT HANGER Stephen M. Decker

⑆074900356⑆ 138490 2⑈ 3049 ⑆0000030000⑆

# Voucher assembly

RHP — \$ 25,488.00 x

Closing \$

Reestb \$ 10,000.00 x

10,000.00 Reestb

25,488.00 RHP

→ ? closing costs

---

\$ 35,488.00 Due

Cancelled check # 3523 (front + back)

What is the # 7212867 receipt for?

~~2000~~ cash or check

2000

- Who did the labor (Name + Number)

Statement for \$ 532.07 what is it for? need ✓ # 3447

# 3511 need a bill

# 3057 need a bill

Statement for 392.06 need a check # 2976

- Closing Costs - need closing statement

2:00

Painting barn -  
300. pd before w/check.

300. paid cash.

---

documented copies from Suzi

3-23-04

3,044.

also paper form.

6-21-04

11

INDOT paper

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>C50037770111280</i>		DATE (MM,DD,YY) <i>10/17/06</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>DECKER, Stephen M. &amp; Debra Robinson</i>				SOCIAL SECURITY NUMBER <i>[REDACTED]</i>						
ADDRESS (NUMBER, STREET) <i>5539 McDaniel Road</i>				FEDERAL I.D. NUMBER						
CITY <i>Terre Haute,</i>				STATE <b>IN</b>		ZIP <b>47309</b>				
PARCEL <i>10(00) 3777</i>				PROJECT <i>STP-2011(03)</i>		DES NUMBER <i>37(002)</i>				
VENDOR NUMBER				AREA BELOW TO BE COMPLETED BY AGENCY						
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>10/17/06</i>	<i>4,700.00</i>	<i>4000</i>	<i>561200</i>	<i>100610</i>	<i>(NO)</i>					
				Check Delivery: Sent <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See Reverse)						
GROSS AMOUNT <i>4,700.00</i>				DOC I.D.: <b>PV 800</b> <i>37770111280</i>						
<i>Incidentals</i>				INDOT ACCOUNTING LINE DISTRIBUTION						
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>271200</i>	<i>401</i>	<i>800</i>	<i>DOMN</i>	<i>56100</i>	<i>551</i>	<i>1</i>	<i>2410023</i>	<i>03</i>	<i>750.00</i>
<i>02</i>	<i>271200</i>	<i>403</i>	<i>800</i>	<i>DOMN</i>	<i>25000</i>	<i>551</i>	<i>62</i>	<i>2410023</i>	<i>03</i>	<i>3950.00</i>
<i>03</i>			<i>800</i>							
<i>04</i>			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		<i>Stephen M. Decker</i>		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE		<i>Debra Robinson</i>		I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony P Hedge</i>		<i>OCT 20 2008</i>				
Recommended Approval: <i>[Signature]</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
ORIGINATOR <i>Debra Robinson</i> DATE				Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<i>[Signature]</i>						
DIVISION CHIEF DATE				DIVISION CHIEF DATE						

Decker

3777 19(00)

INSTRUCTIONS:

Actual Cost Bus. Move (022)  
\$ 4,900.00

Paid when ready  
all work has been  
completed



500 E. St. Rd. 246  
Furnessburg, PA 17850

000463709

Entity	LAND
Vendor	031456532

Fund	Object	Center
4000	561200	108610

Date	Warrant
10/27/2006	10662190

DATE	INVOICE	DESCRIPTION	GROSS	DISCOUNT	NET
10/27/2006	C80037770191280		4900.00	.00	4900.00
TOTALS			4900.00	0.00	4900.00

Additional Info: 271280

THIS CHECK IS VOID WITHOUT A PEACH, WHITE, AND GOLD BACKGROUND AND A SECURITY FEATURE ON BACK

State Form 43378 (R2/11-04)  
 Form approved by State Board of Accounts, 2004  
 THIS WARRANT VOID AFTER 2 YEARS AFTER DEC. 31 OF THE YEAR OF ISSUE  
 4000 561200 108610

**AUDITOR OF STATE OF INDIANA**  
 STATE HOUSE, INDIANAPOLIS, INDIANA 46204

20-103  
740

WARRANT NO.  
10662190



PAY

FOUR THOUSAND NINE HUNDRED DOLLARS AND NO CENTS

DATE  
10/27/2006

THE SUM OF  
\$4,900.00

PAY  
TO THE  
ORDER  
OF

DECKER, STEPHEN M AND  
 DEBRA ROBINSON  
 5639 MCDANIEL RD  
 TERRE HAUTE IN 47802

*Connie Kay Nass*

STATE AUDITOR

⑈10662190⑈ ⑆074001035⑆ 800000 2⑈

000463709

800/800  
10662190  
4,900-00

MAL

RECEIVED

NOV 1 2006

DECKER, STEPHEN M AND  
 DEBRA ROBINSON  
 5639 MCDANIEL RD  
 TERRE HAUTE IN 47802

RELOCATION  
OFFICE OF REAL ESTATE

Carty Electric, LLC  
5231 W CR 75 N  
Sullivan, IN 47882  
812-382-4426  
Cell 812-841-1770

RECEIVED

OCT 12 2006

Bill for Services

RELOCATION  
OFFICE OF REAL ESTATE

Customer Information:

Name: Steve Decker Date: 9-15-06

Address: 500 E ST rd 246

Service: MATERIAL AND Labor For Farm BARNs AND Buildings

Labor Cost: 30 Hrs @ 30/hour

Material Cost: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Labor Total: 900.00

Material Total: 3449.39

Total Bill: 4349.39 ✓

I AM A CERTIFIED, INSURED ELECTRICIAN, OWNER/OPERATOR OF CARTY ELECTRIC LLC. THIS BILL IS FOR EXCLUSIVE WORK, MATERIAL AND PARTS, FOR REWIRING BUILDINGS AND BARNs ON STEVE DECKERs FARM, LOCATED ON 246 NORTH OF FARMERSBURG, INDIANA. NONE OF THE WORK WAS FOR THE RESIDENCE.

Pat Carty  
I spoke with him on the phone + verified work

Valley Electric Supply Corp.

1000 WABASH AVENUE  
TERRE HAUTE IN 47807

TEL#: (812)238-0543

FAX#: (812)238-0434

www.vesupply.com

# INVOICE

Date SEP 29 2005

Invoice # 414986

Order # A369210

Page # 1 (TERR)

**RECEIVED**

OCT 12 2006

RELOCATION  
OFFICE OF REAL ESTATE

Sold to: TH CONTRACTOR CASH SALE

Ship to: **SAME**

**\*\* PICKED UP \*\***  
**\*\* PICKED UP \*\***  
**\*\* PICKED UP \*\***

Account # TCASH

<b>Customer PO #</b> STEPHEN M. DECKER	<b>Buyer</b> STEPHEN M. DECKER	<b>Ship Date</b> 09/29/05	<b>Terms</b> Net 10 Days
<b>Department</b>	<b>Release/Job</b>	<b>VIA</b> WC	

ORDR	SHIP	B/O	Product Code	Description	X-REF	UNIT	AMOUNT	
75	75		98012059507	WIRE AL/UD-4/0-3 2/0-1 WKFRST		2310.99 M	173.32	
1	1		200WPD	200A W/P ENCLOSED BREAKER		129.00 EA	129.00	
			CONSISTING OF					
1	1		78590178545	SQD Q2-2200NRB RT CB ENCL				
1	1		240V 200A NEMA 3R					
1	1		78590141263	SQD QBL22200 MOLDED CASE CB 200A				
1	1		240V 200AMP					
1	1		78590145947	SQD B200 HUB 2 INCHES RAINPROOF FOR RB D		7.86 EA	7.86	
1	1			EVICES				
1	1		98002000553	CONDUIT 2X3 GALV NIP		240.53 C	2.41	
4	4		78599142445	STL-CTY LN206 2 DC RIG L-NUT		20.28 C	0.81	
3	3		78599140460	STL-CTY BU506 2 INS BUSHING		37.02 C	1.11	
			SUL					
2	2		03448106206	PVC-2" TERM ADPT E943J		68.36 C	1.37	
				INDIANA SALES TAX	18.95			
Must have receipt for all returns.								
** Current Payment **								
PAID: 334.83 C/CARD: XXXXXXXX-2631 [VISA]								
AUTH:008769 EXPIRES:07/07								

[TAYD]

PLEASE REMIT TO:  
BOX 724  
JENNES, IN 47591

Subtotal 315.88  
Sales tax 18.95  
Payment -334.83  
**\*\* TOTAL 0.00**

Due By 10/09/05

Valley Electric Supply Corp.  
 1000 WABASH AVENUE  
 TERRE HAUTE IN 47807

Date MAR 07 2006  
 Invoice # 440632  
 Order #  
 Page # 1 [TERR]

# INVOICE

TEL#: (812)238-0543  
 FAX#: (812)238-0434  
 www.veasupply.com

RECEIVED

Sold to: TH CONTRACTOR CASH SALE

Ship to: SAME

OCT 12 2006

RELOCATION  
 OFFICE OF REAL ESTATE

Account # TCASH

Customer PO #	Buyer	Ship Date	Terms
	XXX	03/07/06	Net 10 Days
Department	Release/Job	VIA	

ORDR	SHIP	B/O	Product Code	Description	X-REF	UNIT	AMOUNT
1	1		78590150130	SQD QO2100 MINIATURE CIRCUIT BREAKER 120		50.21 EA	50.21
			/240V 100A				
500	500		98010026305	WIRE CU/NMB-12/2-W/GRD 250CN		204.96 M	102.48
250	250		98010026300	WIRE CU/NMB-14/2-W/GRD 250CN		165.46 M	41.37
			INDIANA SALES TAX	11.64			
Must have receipt for all returns.							
** Current Payment **							
PAID: 205.70 C/CARD:XXXX-XXXX-XXXX-2631 [VISA]							
AUTH:003658 EXPIRES:07/07							

[DONL]

PLEASE REMIT TO:  
 P.O. BOX 724  
 VINCENNES, IN 47591

Due By 03/17/06

Subtotal	194.06
Sales tax	11.64
Payment	-205.70
** TOTAL	0.00

Kelly Keim  
Chief Relocation Specialist  
Office of Real Estate  
Indiana Department of Transportation  
Fax 317-233-3055

RECEIVED

OCT 12 2006

RELOCATION  
OFFICE OF REAL ESTATE

Dear Kelly:

I have hardly been at work since last we spoke; with my Mother at hospital, then home, then back to hospital for surgery, then home again, and no time in there to fax you the enclosed information that we agreed I would send to you. I should have simply put this all in an envelope and mailed it out right then and there, as you will see by the date from Carty that this was accomplished on Sept. 15, but I tend to drop everything when my Mother's health is in danger.

Anyway, with this fax is the information, as you requested, from Brent Carty of Carty Electric. He has re-written the bill to include a receipt for parts in the amount of \$94.28 that was accidentally left off of the original billing. The receipt for that part is attached here as well, showing it was paid for by check. (I have copied this on two sheets). With the addition of this part, Mr. Carty's re-written bill will now show that instead of \$3355.11 for materials, the materials total is \$3449.39 and instead of \$4255.11 for the total bill, the total bill is \$4349.39.

Mr. Carty has hand-written a statement at the bottom of the bill for services, stating, as requested by you, what work was performed by him, that none of this work pertained to the residence, and stating his qualifications as a certified electrician. It is my understanding now that we have satisfactorily proven this bill should be reimbursed.

The other matter I spoke to you about concerns three invoices from Valley Electric Supply Corp. in Terre Haute for materials purchased to rewire and adapt the wiring in the barn onto which the "lean-to" (using your terminology for it) was attached in order for that barn to accommodate and to provide electricity to the "lean-to." Each invoice is accompanied by proof of payment: the first one paid for in cash, the other two were paid by credit card (the credit card statements do not show very well in photocopy). These amounts are \$10.72, \$334.83, and 205.70 for a total for these receipts of \$551.25. I believe these should stand on their own without supporting statements as they are materials only.

Thank you for your patience with this matter.

Cordially,  
Debra Robinson  
Steve Decker  
500 E St Rd 246  
Farmersburg IN 47850

electrical  
paid in full + work  
completed  
making expense

electrical  
paid in full + work  
completed  
making expense

Please give to:

Kelly Keim  
Chief Relocation Specialist  
Office of Real Estate  
Indiana Department of Transportation  
Fax 317-233-3055

CIVIL NOTICE  
VIGO SUPERIOR COURT, DIV. 4  
VIGO COUNTY COURTHOUSE  
33 SOUTH THIRD STREET  
TERRE HAUTE IN 47807

STATE OF IND V DECKER ET AL

84D04-0404-PL-03432

TO: YASMIN L STUMP  
THREE MERIDIAN PLAZA, STE 100  
10333 NORTH MERIDIAN STREET  
INDIANAPOLIS IN 46290-0000

ATTORNEYS

PARTIES

14876-49 YASMIN STUMP

PLAINTIFF  
STATE OF INDIANA

6805-84 DARRELL FELLING

DEFENDANT  
STEPHEN M DECKER  
TERRE HAUTE SAVINGS BANK  
VIGO COUNTY INDIANA

15160-84 TIMOTHY FEARS

11/04/2004

The court-appointed appraisers report that Defendants are entitled to total just compensation of Two Hundred Thirty Dollars (\$230,000.00) in this case. The Court, hving reviewed the record of this case and being duly advised, ORDERS Plaintiff to pay the Clerk of the Court the total appraisers' fees in amount of Four Thousand Five Hundred Dollars (\$4,500.00). The Court further ORDERS the Clerk of the Court, on receipt of said amount, to pay each off the appraisers his or her share of the fee recited above, and to deposit all other amounts received from the Plaintiff in an interest-bearing account, pending further Order of this Court. The Clerk of the Court is further ORDERED to send a copy of the Report of Appraisers and this Entry and Order by CERTIFIED MAIL to Plaintiff, all Defendants and the attorneys of record in this case. kb

FORM APPROVED BY STATE BOARD OF ACCOUNTS  
FOR VIGO COUNTY CLERK - 1997

# CLERK OF VIGO CIRCUIT/SUPERIOR COURTS

DATE	CAUSE NO.	BUS DATE	RECEIPT NO.
11/24/04	84D04-0404-PL-03432	11/24/04	133478
14:58:09			

TRUST  
TRUST

TRUST  
TRUST

COURT NO.  
SUPERIOR 04

KIND NO. PAGE PAYMENT TYPE  
PL NON-LOCAL CHECK  
STATE OF IND V DECKER ET AL

TOTAL RECVD \$234500.00  
STATE OF INDIANA  
RECEIVED FROM

  
CLERK OF VIGO CIRCUIT/SUPERIOR COURTS



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

November 22, 2004

To: Vigo County Clerk  
Vigo County Courthouse  
Terre Haute, IN 47807

Certified Mail No. 7003-0500-0000-1091-8617

From: Stephen L. Catron, Supervisor  
Property Management Unit  
Division of Land Acquisition

RE: INDOT Project: STP-291-1 (002) Code: 3777 Parcel: 19

Enclosed is state warrant No. 18959744 Dated 11/16/2004 to satisfy the following voucher:

St v. Stephen Mark Decker, et al.  
Cause No: 84D04-0404-PL-03432

Entry & Order \$ 230,000.00

Fee \$ 4,500.00

TOTAL \$ 234,500.00

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Land Acquisition-Property Management, 100 N. Senate Avenue, Room N-955, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Sylvia Regalado, AG Office  
Rex Garing, Land Acq.  
Kenny Franklin, Property Management



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

June 15, 2004

Yasmin L. Stump  
9000 Keystone Crossing  
Suite 1000  
Indianapolis, IN 46240

Enclosed please find State Warrant 18749425 dated 6/11/2004 Invoice No. 243294

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Attorney Fee</u>	
<u>Inv # 0504-852</u>	
in conjunction with Indiana Department of	
Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>19</u>	
County: _____	<u>\$ 315.00</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: Yasmin L. Stump

Date: 6-23-04



# Indiana Department of Transportation

# COPY

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

June 15, 2004

Yasmin L. Stump  
9000 Keystone Crossing  
Suite 1000  
Indianapolis, IN 46240

Enclosed please find State Warrant 18749425 dated 6/11/2004 Invoice No. 243294

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Attorney Fee</u>	
<u>Inv # 0504-852</u>	
in conjunction with Indiana Department of	
Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>19</u>	
County: _____	<u>\$ 315.00</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>0003777-1125-4</i>		DATE (MM,DD,YY) <i>01/01/04</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Yasmin L. STump</b>				SOCIAL SECURITY NUMBER <i>[REDACTED]</i>						
ADDRESS (NUMBER, STREET) <b>9000 Keystone Crossing</b>				FEDERAL I.D. NUMBER						
Suite 1000				VENDOR NUMBER						
CITY <b>Indianapolis</b>	STATE <b>IN</b>	ZIP <b>46240</b>	PARCEL code <b>3777/19</b>	PROJECT <b>STP-291-1(002)</b>	DES NUMBER					
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>01/01/04</i>	<i>315.00</i>	<i>400</i>	<i>401300</i>	<i>128010</i>	<i>NC</i>					
					Check Delivery : Send <input type="checkbox"/> Yes <input type="checkbox"/> See Reverse					
GROSS AMOUNT <b>\$315.00</b>				DOC I.D.: <b>PV 800-3777011-294</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>2-3294</i>	<i>401</i>	<b>800</b>	<i>0093</i>	<i>601000</i>	<i>488</i>	<i>013</i>	<i>129112053</i>	<i>01</i>	<i>03.00</i>
02	<i>245294</i>	<i>402</i>	<b>800</b>	<i>0093</i>	<i>601000</i>	<i>488</i>	<i>013</i>	<i>129112053</i>	<i>01</i>	<i>282.00</i>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE <b>6/3/04</b>		BUSINESS NAME <b>Yasmin L. STump</b>		Date		LEINHOLDER NAME				
DATE		DATE		Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony L. Hedge</i>		<b>JUN 09 2004</b>				
Recommended Approval: <i>[Signature]</i> <i>6-4-04</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
ORIGINATOR <i>[Signature]</i> <i>6-4-04</i>				Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<i>[Signature]</i> <i>01/01/04</i>						
DIVISION CHIEF DATE				DIVISION CHIEF DATE						

LAW OFFICE OF  
YASMIN L. STUMP

telephone: 317.808.4800  
fax: 317.573.5280  
email: yasminstump@aol.com

June 8, 2004

Ms. Anne Mullin O'Connor  
Deputy Commissioner and Chief Legal Counsel  
Indiana Department of Transportation  
100 N. Senate Avenue  
Indiana Government Center North, Room N755  
Indianapolis, Indiana 46204

In Reference to: State v. Stephen Mark Decker, et al.  
Project No. STP-291-1(002) Parcel No. 19 L/A Code 3777  
Matter Number 0404-129 Invoice Number 0504-852

*Professional Services from May 1 through May 31, 2004*

<b>Date</b>	<b>Detail/Description of Professional Services</b>	<b>Hrs. @ \$175/Hr.</b>	<b>Amount</b>
05/14/04	Rev. Appearance filed by Darrell Felling on behalf of Defendant, Stephen Mark Decker	0.10	\$17.50
05/22/04	Rev. Appearance of Timothy E. Fears filed on behalf of Defendant, Vigo County, Indiana	0.10	\$17.50
05/28/04	Prepared Monthly Case Status Report for case activities in May, 2004 and sent via email to Anne Mullin O'Connor, Kevan McClure, Rex Garing and Marcia Avery Hanley	2.90	NO CHARGE
05/30/04	Rev. case file; drafted Motion for Immediate Appropriation of Real Estate and Appointment of Appraisers, Order of Appropriation and Appointment of Appraisers, Instructions to Appraisers, Report of Appraisers, Oath of Appraisers, Entry and Order and Clerk's letter	1.60	\$280.00
<b>Professional Services Rendered</b>			<b>\$315.00</b>
<b>06/03/04</b>	<b>Total Amount Due</b>		<b>\$315.00</b>

9000 Keystone Crossing • Suite 1000  
Indianapolis, Indiana 46240

State v. Stephen Mark Decker, et al.

Invoice Number 0504-0852

Page 1

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

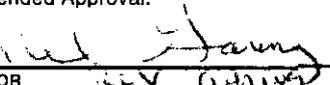
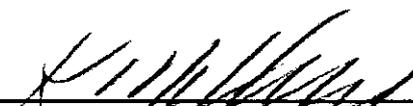
VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <b>080037770193294</b>		DATE (MM,DD,YY) <b>06-07-04</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Yasmin L. Stump</b>				SOCIAL SECURITY NUMBER <b>[REDACTED]</b>						
ADDRESS (NUMBER, STREET) <b>9000 Keystone Crossing</b>				FEDERAL I.D. NUMBER <b>[REDACTED]</b>						
Suite 1000				VENDOR NUMBER						
CITY <b>Indianapolis</b>	STATE <b>IN</b>	ZIP <b>46240</b>	PARCEL code <b>3777/19</b>	PROJECT <b>STP-291-1(02)</b>	DES NUMBER <b>(02)</b>					
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY) <b>06/07/04</b>	AMOUNT <b>315.00</b>	FUND <b>4000</b>	OBJECT <b>561300</b>	CENTER <b>108610</b>	DESCRIPTION 1099 IND <b>(NC)</b>					
				Check Delivery: Send <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No See Reverse						
GROSS AMOUNT <b>\$315.00</b>				DOC I.D.: <b>PV 800 37770193294</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<b>243294</b>	<b>401</b>	<b>800</b>	<b>0093</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>01</b>	<b>63.00</b>
02	<b>243294</b>	<b>405</b>	<b>800</b>	<b>0093</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>01</b>	<b>252.00</b>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also, authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE <b>6/3/04</b>		BUSINESS NAME <b>Yasmin L. Stump</b>		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				INDOT DIVISION OF ACCOUNTING AND CONTROL		DATE				
Recommended Approval: <b>Net Stump 6-4-04</b>				Approved, Indiana Department of Transportation						
ORIGINATOR <b>REX GARDNER</b>		DATE		<b>[Signature]</b>		<b>06-07-04</b>				
Approved Division of Land Acquisition				DIVISION CHIEF		DATE				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				



**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R77-03) Approved by State Board of Accounts - 1999

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER C800-3777019-11		DATE (MM,DD,YY) 5/17/04		AGENCY NAME INDOT		AGENCY NUMBER 800				
VENDOR NAME Yasmin L. Stump				SOCIAL SECURITY NUMBER [REDACTED]						
ADDRESS (NUMBER, STREET) 9000 Keystone Crossing				FEDERAL I.D. NUMBER						
Suite 1000				VENDOR NUMBER						
CITY Indianapolis		STATE IN	ZIP 46240	PARCEL 19/code3777X	PROJECT STP-291-1(002)	RES. NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION / 1099 IND					
5/17/04	332.50	400	51300	108610	(NC)					
				Check Delivery:						
				Send <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse						
GROSS AMOUNT \$332.50				DOC I.D.: PV 800-3777019-11						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	24311E	400	800	0093	61600	488	613	29110023	01	66.50
02	24311E	400	800	0093	61600	488	613	29110023	01	266.00
03			800							
04			800							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE 5/17/04		BUSINESS NAME Yasmin L. Stump		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE						MAY 20 2004				
Recommended Approval:  5-19-04				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR Approved Division of Land Acquisition				DATE Approved, Indiana Department of Transportation						
DIVISION CHIEF						DATE 5/19/04				
DATE				DATE						

LAW OFFICE OF  
YASMIN L. STUMP

telephone: 317.808.4800  
fax: 317.573.5280  
email: yasminstump@aol.com

May 17, 2004

Ms. Anne Mullin O'Connor  
Deputy Commissioner and Chief Legal Counsel  
Indiana Department of Transportation  
100 N. Senate Avenue  
Indiana Government Center North, Room N755  
Indianapolis, Indiana 46204

In Reference to: State v. Stephen Mark Decker, et al.  
Project No. STP-291-1(002) Parcel No. 19 L/A Code 3777  
Matter Number 0404-129 Invoice Number 0404-807

*Professional Services from April 1 through April 30, 2004*

<b>Date</b>	<b>Detail/Description of Professional Services</b>	<b>Hrs. @ \$175/Hr.</b>	<b>Amount</b>
04/22/04	File set-up	0.20	NO CHARGE
04/22/04	Rev. case file; drafted Complaint for Appropriation of Real Estate, Praecipe, Attorney Appearance, Summonses and Clerk's letter; rev. and revised documents and sent to Clerk of the Court	1.90	\$332.50
04/28/04	Rev. Court's docket sheet and file-marked copies of Complaint, Praecipe, Attorney Appearance and Summonses sent by Clerk of the Court	0.10	NO CHARGE
04/30/04	Prepared Monthly Case Status Report for case activities in April, 2004 and sent via email to Anne Mullin O'Connor, Kevan McClure, Rex Garing and Marcia Avery Hanley	3.40	NO CHARGE
<b>Professional Services Rendered</b>			<b>\$332.50</b>
<b>05/17/04</b>	<b>Total Amount Due</b>		<b>\$332.50</b>

9000 Keystone Crossing • Suite 1000  
Indianapolis, Indiana 46240

State v. Stephen Mark Decker, et al.

Invoice Number 0404-0807

Page 1



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

**COPY**

(317) 232-5058

May 25, 2004

Yasmin L. Stump  
9000 Keystone Crossing  
Suite 1000  
Indianapolis, IN 46240

Enclosed please find State Warrant 18714604 dated 5/21/2004 Invoice No. 243118

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Attorney Fee</u>	
<u>Inv # 0404-807</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>19</u>	
County: _____	<u>\$ 332.50</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>77761197</i>		DATE (MM,DD,YY) <i>11/15/04</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Vigo County Clerk</b>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <b>Courthouse Vigo County</b>				FEDERAL I.D. NUMBER						
<b>33 South Third Street</b>				VENDOR NUMBER						
CITY <b>Terre Haute</b>	STATE <b>IN</b>	ZIP <b>47807</b>	PARCEL <b>19/code 3777</b>	PROJECT <b>STR-201-1(002)</b>	DES NUMBER					
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>11/5/04</i>	<i>450,000.00</i>	<i>400</i>	<i>500900</i>	<i>12500</i>	<i>ND</i>					
<i>11/10/04</i>	<i>450,000.00</i>	<i>400</i>	<i>501300</i>	<i>12800</i>	<i>ND</i>					
					Check Delivery: Send <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse					
GROSS AMOUNT <b>3234,500.00</b>				DOC I.D.: <b>PV 800 777 1176</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>251276</i>	<i>401</i>	<i>800</i>	<i>0093</i>	<i>61000</i>	<i>400</i>	<i>009</i>	<i>129110004</i>	<i>01</i>	<i>400,000.00</i>
<i>02</i>	<i>251276</i>	<i>405</i>	<i>800</i>	<i>0093</i>	<i>60100</i>	<i>407</i>	<i>009</i>	<i>129110004</i>	<i>01</i>	<i>1,640,000.00</i>
<i>03</i>	<i>251276</i>	<i>401</i>	<i>800</i>	<i>0093</i>	<i>60100</i>	<i>450</i>	<i>013</i>	<i>129110003</i>	<i>01</i>	<i>190,000.00</i>
<i>04</i>	<i>251276</i>	<i>405</i>	<i>800</i>	<i>0093</i>	<i>60100</i>	<i>400</i>	<i>013</i>	<i>129110003</i>	<i>01</i>	<i>3,000.00</i>
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE		BUSINESS NAME		DEPUTY ATTORNEY GENERAL		DATE				
DATE		BUSINESS NAME		I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE		BUSINESS NAME		<i>Ray E. Hedge</i>		<b>NOV 17 2004</b>				
DATE		BUSINESS NAME		INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
DATE		BUSINESS NAME		Approved, Indiana Department of Transportation						
DATE		BUSINESS NAME		<i>Kim [Signature]</i>		<i>11/15/04</i>				
DATE		BUSINESS NAME		DIVISION CHIEF		DATE				
DATE		BUSINESS NAME		DIVISION CHIEF		DATE				

Date: November 10, 2004

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

<u>S.R.</u>	<u>PROJECT</u>	<u>COUNTY</u>	<u>PAYEE</u>	<u>AMOUNT</u>
U.S. 641	STP-291-1(002) Parcel No. 19 Code 3777	Vigo	Vigo County Clerk Courthouse, <del>Vigo County</del> <del>33 South Third Street</del> Terre Haute, IN 47807 47805	

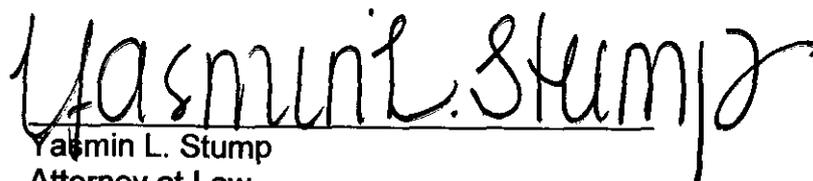
Entry and Order \$230,000.00

Fee \$ 4,500.00

**Total \$234,500.00**

*State of Indiana v.  
Stephen Mark Decker,  
et al.*

Cause No. 84D04-0404-  
PL-03432

  
Yasmin L. Stump  
Attorney at Law



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

November 22, 2004

*COPY*

To: Vigo County Clerk  
Vigo County Courthouse  
Terre Haute, IN 47807

Certified Mail No. 7003-0500-0000-1091-8617

From: Stephen L. Catron, Supervisor  
Property Management Unit  
Division of Land Acquisition

RE: INDOT Project: STP-291-1 (002) Code: 3777 Parcel: 19

Enclosed is state warrant No. 18959744 Dated 11/16/2004 to satisfy the following voucher:

St v. Stephen Mark Decker, et al.  
Cause No. 84D04-0404-PL-03432

Entry & Order \$ 230,000.00

Fee \$ 4,500.00

TOTAL \$ 234,500.00

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Land Acquisition-Property Management, 100 N. Senate Avenue, Room N-955, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Sylvia Regalado, AG Office  
Rex Garing, Land Acq.  
Kenny Franklin, Property Management

*Money Paid Part  
11-24-04 RF*

# CLERK OF VIGO CIRCUIT/SUPERIOR COURTS

DATE: 11/24/04 CAUSE NO.: 84D04-0404-PL-03432  
 14:58:09  
 BUS DATE: 11/24/04 RECEIPT NO.: 133478

COURT NO.: SUPERIOR 04  
 KIND NO.: PL  
 PAYMENT TYPE: NON-LOCAL CHECK  
 TRUST TRUST TRUST  
 \$230000.00  
 \$4500.00

STATE OF IND V DECKER ET AL  
 STATE OF INDIANA  
 TOTAL RECVD \$234500.00  
 RECEIVED FROM

*Christina P. Howard*  
 CLERK OF VIGO CIRCUIT/SUPERIOR COURTS

DATE	INVOICE/CREDIT MEMO	TYPE	DESCRIPTION	GROSS	DISCOUNT	NET	
11/15/04	37770191276 251276		FUND/OBJECT/CENTER 4000/560900/108610	23450000	00	23450000	H
TOTALS				23450000	000	23450000	

DATE	11/18/04	WARRANT NO.	18959744
LAND	0356000207		10

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>611057770190190</i>		DATE (MM,DD,YY) <i>7-21-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>V. Conroy, Inc.</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <b>VIGO COUNTY COURTHOUSE</b>				FEDERAL I.D. NUMBER <i>[REDACTED]</i>						
				VENDOR NUMBER						
CITY <b>TERRE HAUTE</b>		STATE <b>IN</b>		ZIP <b>47807</b>		PARCEL <i>177-177</i>	PROJECT <i>10-111</i>	DES NUMBER		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT		FUND	OBJECT		CENTER	DESCRIPTION/1099 IND			
<i>7/21/05</i>	<i>40,647.77</i>		<i>40</i>	<i>262100</i>		<i>10370</i>	<i>(N)</i>			
							Check Delivery: Send <input type="checkbox"/> Yes <input type="checkbox"/> No See Reverse			
GROSS AMOUNT <i>60,047.77</i>				DOC I.D.: <b>PV 800</b> <i>67770190190</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>260175</i>	<i>401</i>	<i>800</i>	<i>0-43</i>	<i>Indot</i>	<i>576</i>	<i>009</i>	<i>67770190190</i>	<i>01</i>	<i>3,129.00</i>
<i>02</i>	<i>260175</i>	<i>401</i>	<i>800</i>	<i>0-43</i>	<i>Indot</i>	<i>576</i>	<i>009</i>	<i>67770190190</i>	<i>01</i>	<i>3,518.57</i>
<i>03</i>			<i>800</i>							<i>1</i>
<i>04</i>			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony L. Hedge</i>		<b>JUL 22 2005</b>				
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL		DATE				
<i>Lawrence &amp; Medina</i>		<i>7-20-05</i>		Approved, Indiana Department of Transportation						
ORIGINATOR		DATE		<i>[Signature]</i>		<i>7/21/05</i>				
Approved Division of Land Acquisition				DIVISION CHIEF		DATE				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				



COPY

# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058  
July 28, 2005

To: Vigo County Clerk  
Vigo County Courthouse  
Terre Haute, IN 47807  
Certified Mail No. 70030500000010878812

From: Stephen L. Catron, Supervisor  
Property Management Unit  
Division of Land Acquisition

RE: INDOT Project: STP-291-1(002) Code: 3777 Parcel: 19

Enclosed is state warrant No. 10302920 Dated 7/25/05 to satisfy the following voucher:

St v. Stephen M. Decker  
Cause No. 84D04-0404-PL-3432

Satisfaction of Judgment \$ 40,647.77

\$

TOTAL \$ 40,647.77

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Land Acquisition-Property Management, 100 N. Senate Avenue, Room N-955, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Sylvia Regalado, AG Office  
Rex Garing, Land Acq.  
Kenny Franklin, Property Management

*Mary Beth Clark*  
MBC

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

10375907  
9-26-05

CONF

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>10375907</i>		DATE (MM,DD,YY) <i>7-22-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>RAPID REPRODUCTIONS INC.</b>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <i>129 S. 11th St.</i>				FEDERAL I.D. NUMBER						
				VENDOR NUMBER						
CITY <b>TERRE HAUTE</b>		STATE <b>IN</b>		ZIP <b>47807</b>		PARCEL <b>1913777</b>	PROJECT <b>STP-241-1(002)</b>	DES NUMBER		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>7/11/05</i>	<i>146.70</i>	<i>400</i>	<i>212</i>	<i>1312</i>	<i>ND</i>					
					Check Delivery: Send <input type="checkbox"/> res <input type="checkbox"/> See Reverse					
GROSS AMOUNT <b>\$146.70</b>				DOC I.D.: <b>PV 800</b> <i>10375907</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>266629</i>	<i>400</i>	<b>800</b>	<i>INDOT</i>	<i>212</i>	<i>488</i>	<i>212</i>	<i>29112003</i>	<i>01</i>	<i>146.70</i>
02	<i>266629</i>	<i>400</i>	<b>800</b>	<i>INDOT</i>	<i>212</i>	<i>488</i>	<i>212</i>	<i>29112003</i>	<i>01</i>	<i>114.26</i>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony E. Hedge</i>		<b>SEP 23 2005</b>				
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL		DATE				
<i>Lawrence J. Medina</i>		<i>9-22-05</i>		Approved, Indiana Department of Transportation						
ORIGINATOR		DATE								
Approved Division of Land Acquisition						<i>7-22-05</i>				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				

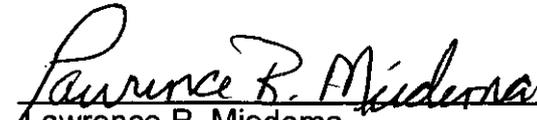
**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

U.S.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
641	STP-291-1(002) 19 3777	VIGO	Rapid Reproductions, Inc. 129 S. 11 St. Terre Haute, IN 47807	
			Rapid Reproductions (copies / enlargements)	\$146.70
			Total	\$146.70

RE: State v. Decker  
84D04-0404-PL-3432

  
 Lawrence R. Miedema  
 Deputy Attorney General

LRM/elh: 235251

6-13-05  
 Date



# Rapid Reproductions, Inc.

129 S. 11th St.  
Terre Haute, IN 47807  
812-238-1681/Fax 812-235-0690  
E-Mail RapidR129@aol.com

## Invoice

Invoice Number:  
48955

Invoice Date:  
May 16, 2005

Page:  
1

Sold To:

Wilkinson Law Firm  
P. O. Box 800  
Terre Haute, IN 47808-800  
Vigo

Ship To

Customer ID	Customer PO	Payment Terms	
Wilkinson Law Firm	StateVsDecker	Net 30 Days	
Sales Rep	Shipping Method	Ship Date	Due Date
Wendy Cress	Cust. Pickup	5/16/05	6/15/05

Quantity	Item	Description	Unit Price	Extension
2	Plots-Graphic	24 x 36 copies (12 Sq/Ft)	33.00	66.00
1	LDC Bonds	24 x 36 copy (6 Sq/Ft)	2.40	2.40
1	Misc Indiana Mdse	enlargement	4.00	4.00
4	Mounting Services	24 x 36 images mounted	16.50	66.00

Subtotal 138.40

Sales Tax 8.30

Freight

**Thank You**

**TOTAL DUE**

**\$146.70**

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

E-mail: [wwdrummy@wilkinsonlaw.com](mailto:wwdrummy@wilkinsonlaw.com)

May 24, 2005

Mr. Lawrence R. Miedema  
Attorney General's Office  
IGCS 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204

**Re: State of Indiana v. Stephen M. Decker, Terre Haute  
Savings Bank, and Vigo County, Indiana  
Cause No.: 84D04-0404-PL-3432**

Dear Larry:

I enclose herewith an invoice from Rapid Reproductions, Inc. for preparation of the trial exhibits in the amount of \$146.70. I would appreciate it if you would remit directly to Rapid Reproductions, Inc.

Very truly yours,

FOR THE FIRM

  
William W. Drummy

WWD/lc  
Enclosure

David H. Goeller  
Raymond H. Modesitt  
B. Curtis Wilkinson  
William W. Drummy  
Kelvin L. Roots  
John C. Wall  
William M. Olah  
Craig M. McKee  
Scott M. Kyrouac  
Jeffrey A. Boyll  
David P. Friedrich  
Jeffrey A. Lewellyn  
Tracy M. Weber\*  
William S. Frankel IV

\*also admitted in Illinois

George O. Dix  
1874-1968

Floyd E. Dix  
1895-1974

D. Joe Gabbert  
1929-1978

Lloyd C. Adamson  
1909-1981

Thomas M. Patrick  
1916-1989

Myrl O. Wilkinson  
1932-1997

333 Ohio Street  
P.O. Box 800  
Terre Haute, IN 47808-0800

Ph: 812-232-4311  
Fx: 812-235-5107

[www.wilkinsonlaw.com](http://www.wilkinsonlaw.com)



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

September 29, 2005

To: Rapid Reproductions, Inc.  
129 South 11 St.  
Terre Haute, IN 47807

From: Stephen L. Catron, Supervisor  
Property Management Unit  
Division of Land Acquisition

RE: INDOT Project: STP-291-1(002) Code: 3777 Parcel: 19

Enclosed is state warrant No. 10375907 Dated 09/26/2005 to satisfy the following voucher:

State of Indiana v. Decker  
Cause No. 84D04-0404-PL-3432

Rapid Reproductions (copies/enlargements)	<u>\$146.70</u>
--	-----------------

TOTAL	<u>\$146.70</u>
-------	-----------------

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Land Acquisition-Property Management, 100 N. Senate Avenue, Room N-955, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Sylvia Regalado, AG Office  
Rex Garing, Land Acq.  
Kenny Franklin, Property Management

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

11-7-05  
0001517711

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>600-711214110</i>		DATE (MM,DD,YY) <i>11-2-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>M. J. ...</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <i>124 E ...</i>				FEDERAL I.D. NUMBER						
				VENDOR NUMBER						
CITY <i>...</i>		STATE <i>IN</i>		ZIP <i>47...</i>		PARCEL <i>...</i>	PROJECT <i>...</i>	DES NUMBER		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>11-2-05</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>					
							Check Delivery: Send <input type="checkbox"/> Yes See Reverse <input type="checkbox"/>			
GROSS AMOUNT <i>\$200.00</i>				DOC I.D.: <b>PV 800</b> <i>...</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>...</i>	<i>...</i>	<b>800</b>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>
<i>02</i>	<i>...</i>	<i>...</i>	<b>800</b>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>
<i>03</i>			<b>800</b>							
<i>04</i>			<b>800</b>							
CLAIMANTS					LEINHOLDERS					
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.					I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:					
DATE					Date					
BUSINESS NAME					LEINHOLDER NAME					
DATE					Date					
DATE					LEINHOLDER NAME					
DATE					Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.					
DATE					DEPUTY ATTORNEY GENERAL					
DATE					DATE					
DATE					I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.					
Recommended Approval:					<i>Tony E. Hedge</i> <b>NOV 3 2005</b>					
ORIGINATOR					INDOT DIVISION OF ACCOUNTING AND CONTROL					
DATE					DATE					
Approved Division of Land Acquisition					Approved, Indiana Department of Transportation					
DATE					<i>...</i> <b>11-2-05</b>					
DIVISION CHIEF					DATE					

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002) 19 3777	Vigo	Michael Ofsansky & Assoc. 1004 Lafayette Avenue Terre Haute IN 47804	
			expert witness	\$300.00
			Total	\$300.00

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

  
\_\_\_\_\_  
Lawrence R Miedema  
Deputy Attorney General

6-17-05  
Date

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

*E-mail: [wwdrummy@wilkinsonlaw.com](mailto:wwdrummy@wilkinsonlaw.com)*

June 14, 2005

Mr. Lawrence R. Miedema  
Attorney General's Office  
IGCS 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204

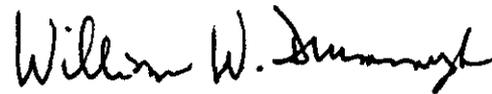
**Re: *State of Indiana v. Stephen M. Decker, Terre Haute  
Savings Bank, and Vigo County, Indiana  
Cause No.: 84D04-0404-PL-3432***

Dear Larry:

I enclose herewith an invoice from Michael Ofsansky for his services in meeting with me, preparation for and testimony at the trial in the above-captioned matter. I would appreciate it if you would forward payment in the amount of \$300 directly to Mr. Ofsansky at your earliest convenience.

Very truly yours,

FOR THE FIRM



William W. Drummy

WWD/lc  
Enclosure

David H. Goeller  
Raymond H. Modesitt  
B. Curtis Wilkinson  
William W. Drummy  
Kelvin L. Roots  
John C. Wall  
William M. Olah  
Craig M. McKee  
Scott M. Kyroutac  
Jeffrey A. Boyll  
David P. Friedrich  
Jeffrey A. Lewellyn  
Tracy M. Weber\*  
William S. Frankel IV

*\*also admitted in Illinois*

George O. Dix  
1874-1968

Floyd E. Dix  
1895-1974

D. Joe Gabbert  
1929-1978

Lloyd C. Adamson  
1909-1981

Thomas M. Patrick  
1916-1989

Myrl O. Wilkinson  
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P.O. Box 800  
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Ph: 812-232-4311  
Fx: 812-235-5107

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**Michael Ofsansky & Associates**

**Real Estate Appraisers & Brokers**

**1004 Lafayette Avenue**

**Terre Haute, Indiana 47804**

**Telephone: (812) 234-0984**

**Fax: (812) 234-6137**

**Federal ID # 35-1916595**

**Date: June 6, 2005**

**Invoice # C04-513**

**Mr. William Drummy**

**Attorney at Law**

**333 Ohio Street**

**Terre Haute, IN 47807**

**Testifying in Court**

**State of Indiana vs. Stephen Mark  
Decker, Terre Haute Savings Bank and  
Vigo County, Indiana.**

**Cause No.: 84D04-0404-PL-03432**

**Total Due**

**\$300.00**

**Thank you**

**Michael Ofsansky & Associates**

**Real Estate Appraisers & Brokers**

**1004 Lafayette Avenue**

**Terre Haute, Indiana 47804**

**Telephone: (812) 234-0984**

**Fax: (812) 234-6137**

**Federal ID # 35-1916595**

**Date: June 6, 2005**

**Invoice # C04-513**

**Mr. William Drummy**

**Attorney at Law**

**333 Ohio Street**

**Terre Haute, IN 47807**

**Testifying in Court**

**State of Indiana vs. Stephen Mark  
Decker, Terre Haute Savings Bank and  
Vigo County, Indiana.**

**Cause No.: 84D04-0404-PL-03432**

**Total Due**

**\$300.00**

**Thank you**

ADD Leased Fenc35

Substitute Form  
OMB Form 2514-014 (7/1/01)  
Approved by OMB Office of Management and Budget  
Approved by Authority of OMB 2001

# Taxpayer Identification Number Request

State of Indiana

W-9

*LAND ACQUISITION*

DO NOT send to IRS

**Print or Type**

**Legal Name** (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS)  
DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE  
MICHAEL OFSANSKY & ASSOCIATES

**Trade Name** Complete only if doing business as (D/B/A)

**Remit Address** 1004 Lafayette Avenue  
Terre Haute, In. 47804

Return to address below

**Purchase Order Address- Optional**

STP 291-2(2)  
3777 - 19

Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below:  
(SSN = Social Security Number, EIN = Employer Identification Number)

SSN or EIN must be for legal name above.

**Individual** (Individual's SSN) \_\_\_\_\_

**Sole Proprietorship (Owner's SSN or Business EIN)** SSN \_\_\_\_\_  
EIN \_\_\_\_\_

**Partnership**  General  Limited (Partnership's EIN) \_\_\_\_\_

**Estate / Trust** (Legal Entity's EIN) \_\_\_\_\_  
Note: Show the name and number of the legal trust, or estate, not personal representatives.

**Other (Limited Liability Company, Joint Venture, Club, etc)** (Entity's EIN) \_\_\_\_\_

**Corporation** Do you provide legal or medical services?  Yes  no (Corp's EIN) \_\_\_\_\_

**Government (or Government operated entity)** (Entity's EIN) \_\_\_\_\_

**Organization Exempt from Tax under Section 601(a)** (Org's EIN) \_\_\_\_\_  
Do you provide medical services?  Yes  no

Check here if you do not have a SSN or EIN but have applied for one.

Under penalties of perjury, I certify that:

- (1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

**CERTIFICATION INSTRUCTIONS** - You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type) MICHAEL OFSANSKY TITLE President

AUTHORIZED SIGNATURE [Signature] DATE 10/15/05 PHONE 812-234-0984

Agency \_\_\_\_\_ Agency use only 1099  Yes  No Approved by: \_\_\_\_\_

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>C 8003770190980</i>		DATE (MM,DD,YY) <i>11-2-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>Michael Dfsansky</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <i>1004 Lafayette Avenue</i>				FEDERAL I.D. NUMBER <i>35-1916595</i>						
				VENDOR NUMBER						
CITY <i>Terre Haute</i>	STATE <i>IN</i>	ZIP <i>47804</i>	PARCEL <i>19 / 3777</i>	PROJECT <i>STP-291-1002</i>	DES NUMBER					
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY) <i>11/01/05</i>	AMOUNT <i>300.00</i>	FUND <i>4000</i>	OBJECT <i>561300</i>	CENTER <i>108610</i>	DESCRIPTION/1099 IND <i>NC</i>					
				Check Delivery : Send <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse						
GROSS AMOUNT <i>\$300.00</i>				DOC I.D.: PV 800 <i>37770190980</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>260980</i>	<i>401</i>	<i>800</i>	<i>DOMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>29110023</i>	<i>01</i>	<i>60.00</i>
02	<i>260980</i>	<i>406</i>	<i>800</i>	<i>DOMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>29110023</i>	<i>01</i>	<i>240.00</i>
03			<i>800</i>							
04			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE										
Recommended Approval: <i>Thomas R. Anderson</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR Approved Division of Land Acquisition				DATE <i>6-17-05</i>						
DIVISION CHIEF				DATE <i>11-2-05</i>						

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>0111 2191298</i>		DATE (MM,DD,YY) <i>11-18-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>CONLEY REAL ESTATE APPRAISALS, INC.</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <i>321 OHIO ST.</i>				FEDERAL I.D. NUMBER <i>[REDACTED]</i>						
UPPER SUITE 1				VENDOR NUMBER						
CITY <i>TERRE HAUTE IN</i>		STATE <i>IN</i>		ZIP <i>477807</i>		PARCEL <i>11 117</i>	PROJECT	DES NUMBER		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>11/18/05</i>	<i>152.00</i>	<i>1500</i>	<i>0111298</i>	<i>10'00</i>	<i>ND</i>					
					Check Delivery: Send <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Reverse					
GROSS AMOUNT <i>\$750.00</i>				DOC I.D.: <i>PV 800 0111298</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>21107E</i>	<i>411</i>	<i>800</i>	<i>21107E</i>	<i>411</i>	<i>411</i>	<i>011</i>	<i>0111298</i>	<i>01</i>	<i>152.00</i>
<i>02</i>	<i>21107E</i>	<i>411</i>	<i>800</i>	<i>21107E</i>	<i>411</i>	<i>411</i>	<i>011</i>	<i>0111298</i>	<i>01</i>	<i>152.00</i>
<i>03</i>			<i>800</i>							
<i>04</i>			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony L. Hedge</i>		<i>NOV 21 2005</i>				
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL		DATE				
<i>Laurence S. Medema</i>		<i>6/18/05</i>		Approved, Indiana Department of Transportation						
ORIGINATOR		DATE		<i>K. Miller</i>		<i>11-18-05</i>				
Approved Division of Land Acquisition				DIVISION CHIEF		DATE				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				

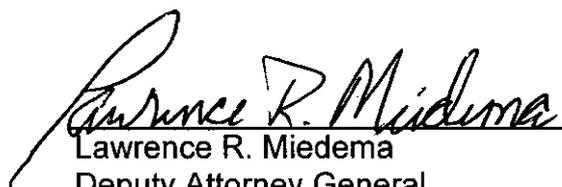
**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
641	STP-291-1(002) 19 3777	Vigo	Conley Real Estate Appraisals, Inc. 321 Ohio Street Upper Suite1 Terre Haute, IN 47807	
			Appraisal	\$750.00
			Total	\$750.00

RE: State v. Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

LRM/eljh: 235258

6-13-05  
Date



# Conley Real Estate Appraisals, Inc.

321 Ohio Street , Upper Suite 1, Terre Haute, Indiana 47807

Phone and Fax number: (812) 235-4576

E-Mail Address: bconley@conleyappraisals.com

Invoice #04061502a

Date: May 23, 2005

TO: Mr. Lawrence Miedema  
Indiana Department of Transportation  
100 North Senate Ave  
Indianapolis, Indiana 46204-2219

Tax ID #35-1814544

**Cause No. 84D04-0404-PL-3432**

Stephen Mark Decker Case

4 Hours Preparation including meetings with Larry Miedema & William Drummy @ \$150/hr

1 Hour Trial Testimony @ \$150/hr ..... \$750

*OK of RM*

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

11-23-2005  
0001529363

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>0001529363</i>		DATE (MM,DD,YY) <i>6 13 05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>HOWARD JENSEN</i>				SOCIAL SECURITY NUMBER <i>[REDACTED]</i>						
ADDRESS (NUMBER, STREET) <i>40 N. ...</i>				FEDERAL I.D. NUMBER						
CITY <i>...</i>				STATE <i>IN</i>		ZIP <i>46...</i>				
PARCEL <i>1913711</i>				PROJECT <i>...</i>		DES NUMBER <i>...</i>				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>11/17/05</i>	<i>300.00</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>					
GROSS AMOUNT <i>300.00</i>				DOC I.D.: <i>PV 800 39970191677</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>...</i>	<b>800</b>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>
02	<i>...</i>	<b>800</b>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>	<i>...</i>
03		<b>800</b>								
04		<b>800</b>								
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE _____				Date _____ LEINHOLDER NAME _____						
DATE _____				Date _____ LEINHOLDER NAME _____						
DATE _____				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE _____				DEPUTY ATTORNEY GENERAL _____ DATE _____						
DATE _____				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
Recommended Approval: <i>[Signature]</i> <i>11-18-05</i>				<i>Tony P. Hedge</i> <b>NOV 21 2005</b>						
ORIGINATOR _____ DATE _____				INDOT DIVISION OF ACCOUNTING AND CONTROL _____ DATE _____						
Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF _____ DATE _____				<i>[Signature]</i> <b>11-18-05</b> DIVISION CHIEF _____ DATE _____						

*Electronic Deposit*

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002) 19 3777	Vigo	Howard Junker, Jr. Junker Realty 840 National Avenue W Terre Haute IN 47885	
			witness	\$300.00
			Total	\$300.00

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

6-13-05  
Date

FROM:  
Junker Realty  
840 National Avenue  
W Terre Haute, IN. 47885

INVOICE	DATE	REFERENCE
	6/2/2005	

SSN for Howard Junker, Jr. 314-34-6499

Cause No.: 84D04-0404-PL-3432

TO:  
State of Indiana

Services as Expert Witness on May 20, 2005  
included meeting with Mr William Drummy on May 16,  
2005, preparation for trial, and testifying at trial on May 20,  
2005.

DESCRIPTION	AMOUNT
5639 Mc Daniel Road Terre Haute, IN. Stephen M. Decker	300.00

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>C80037770191077</i>		DATE (MM,DD,YY) <i>6-13-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>Howard Junker</i>				SOCIAL SECURITY NUMBER <i>314-34-6499</i>						
ADDRESS (NUMBER, STREET) <i>840 National Avenue</i>				FEDERAL I.D. NUMBER						
				VENDOR NUMBER						
CITY <i>W. Terre Haute</i>		STATE <b>IN</b>		ZIP <i>47885</i>		PARCEL <i>1913777</i>				
				PROJECT <i>STP-291-1</i>		DES NUMBER <i>1002</i>				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>11/17/05</i>	<i>300.00</i>	<i>4000</i>	<i>561300</i>	<i>108610</i>	<i>NC</i>					
					Check Delivery : Sent <input type="checkbox"/> Yes <input type="checkbox"/> See Reverse					
GROSS AMOUNT <i>\$300.00</i>				DOC I.D.: PV 800 <i>37770191077</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>261077</i>	<i>401</i>	<i>800</i>	<i>DOMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>79110073</i>	<i>01</i>	<i>60.00</i>
<i>02</i>	<i>761077</i>	<i>405</i>	<i>800</i>	<i>DOMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>79110073</i>	<i>01</i>	<i>240.00</i>
<i>03</i>			<i>800</i>							
<i>04</i>			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
Recommended Approval: <i>Lawrence R. Midema</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR Approved Division of Land Acquisition				DATE <i>6-13-05</i>						
DIVISION CHIEF				DATE <i>11-18-05</i>						
DATE				DIVISION CHIEF <i>K. Milluse</i>						
				DATE						

**SACOPULOS, JOHNSON & SACOPULOS**  
 LAWYERS  
 676 OHIO STREET  
 TERRE HAUTE, INDIANA 47807  
 TELEPHONE: (812) 238-2565

**FINAL STATEMENT**

March 15, 2005

**Re: State of Indiana v Stephen Mark Decker, et al.**  
**Vigo Superior Court**  
**Cause No. 84D04-0404-PL-3432**

<u>Date</u> 2005	<u>Hours</u>	<u>Description</u>
8-Feb	GS 1.0	Review correspondence from attorney McDonald; prepare acceptance; letter to Court; letter to attorneys-open file.
15-Feb	GS .2	Review correspondence from attorney McDonald.
17-Feb	GS .2	Phone conference with attorney Miedema.
17-Feb	GS .2	Letter to counsel setting mediation date.
14-Mar	GS .1	Prepare for mediation.
15-Mar	GS 2.0	Conduct mediation; prepare mediator's report; letter to Court and attorneys.

***SERVICES:***

3.7 hours at \$150.00 an hour ..... \$555.00

***EXPENSES:***

Postage, including Certified Mail	12.26
Photocopies	<u>2.85</u>
Total expenses .....	\$ <u>15.11</u>

***TOTAL SERVICES & EXPENSES .....*** ***\$570.11***

***PAYABLE AS FOLLOWS:***

One-half by plaintiff (Rex A. Garing):

Fees .....	\$277.50
Expenses .....	<u>\$ 7.55</u>
Total .....	<u>\$285.05</u>

One-half by defendant (attorney McDonald):

Fees .....	\$277.50
Expenses .....	<u>\$ 7.56</u>
Total .....	<u>\$285.06</u>

**SACOPULOS, JOHNSON & SACOPULOS**

LAWYERS  
676 OHIO STREET  
TERRE HAUTE, INDIANA 47807

GUS SACOPULOS  
R. STEVEN JOHNSON  
PETER J. SACOPULOS  
MICHAEL J. SACOPULOS  
JOHN J. KLÖTZ, II

TELEPHONE  
(812) 238-2565  
FACSIMILE  
(812) 238-1945

March 15, 2005

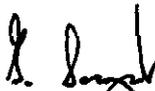
The Honorable Christopher A. Newton  
Judge, Vigo Superior Court, Div. 4  
Fourth Floor, Courthouse  
33 S. 3<sup>rd</sup> Street  
Terre Haute, IN 47807

Re: State of Indiana v. Stephen Mark Decker, et al.  
Cause No.: 84D04-0404-PL-3432

Dear Judge Newton:

Enclosed please find my Mediator's Report as mediator in the above claim.

Very truly yours,



Gus Sacopulos

GS:njs  
Enclosure  
Certified  
cc/enc.: James O. McDonald  
Lawrence Miedema

STATE OF INDIANA  
VIGO SUPERIOR COURT  
2005 TERM

STATE OF INDIANA )

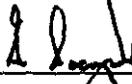
v. )

STEPHEN MARK DECKER, )  
TERRE HAUTE SAVINGS BANK, )  
VIGO COUNTY, INDIANA )

CAUSE NO. 84D04-0404-PL-3432

**MEDIATOR'S REPORT**

Gus Sacopulos, appointed as Mediator in the above claim, reports that mediation was had and completed in this claim on March 15, 2005. There was lack of any agreement as a result of the mediation.

  
\_\_\_\_\_  
Gus Sacopulos, Mediator  
676 Ohio Street  
Terre Haute, IN 47807  
Phone: 812-238-2565  
Fax: 812-238-1945

**Distribution:**

James O. McDonald  
McDonald Law Office, P.C.  
Everett, Everett & McDonald  
648 Walnut Street  
P.O. Box 8328  
Terre Haute, IN 47808

Lawrence Miedema  
Deputy Attorney General  
Indiana Government Center South, 5<sup>th</sup> Floor  
302 West Washington Street  
Indianapolis, IN 46204-2770

WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP

Attorneys At Law

David H. Goeller  
Raymond H. Modesitt  
B. Curtis Wilkinson  
William W. Drummy  
Kelvin L. Roots  
John C. Wall  
William M. Olah  
Craig M. McKee  
Scott M. Kyroutac  
Jeffrey A. Boyll  
David P. Friedrich  
Jeffrey A. Lewellyn  
Tracy M. Weber\*  
William S. Frankel IV

\*also admitted in Illinois

George O. Dix  
1874-1968

Floyd E. Dix  
1895-1974

D. Joe Gabbert  
1929-1978

Lloyd C. Adamson  
1909-1981

Thomas M. Patrick  
1916-1989

Myrl O. Wilkinson  
1932-1997

E-mail: [wwdrummy@wilkinsonlaw.com](mailto:wwdrummy@wilkinsonlaw.com)

June 14, 2005

Mr. Lawrence R. Miedema  
Attorney General's Office  
IGCS 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204

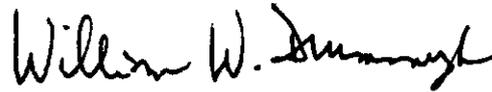
**Re: State of Indiana v. Stephen M. Decker, Terre Haute  
Savings Bank, and Vigo County, Indiana  
Cause No.: 84D04-0404-PL-3432**

Dear Larry:

I enclose herewith an invoice from Michael Ofsansky for his services in meeting with me, preparation for and testimony at the trial in the above-captioned matter. I would appreciate it if you would forward payment in the amount of \$300 directly to Mr. Ofsansky at your earliest convenience.

Very truly yours,

FOR THE FIRM



William W. Drummy

WWD/lc  
Enclosure

333 Ohio Street  
P.O. Box 800  
Terre Haute, IN 47808-0800

Ph: 812-232-4311  
Fx: 812-235-5107

[www.wilkinsonlaw.com](http://www.wilkinsonlaw.com)

**Michael Ofsansky & Associates**

**Real Estate Appraisers & Brokers**

**1004 Lafayette Avenue**

**Terre Haute, Indiana 47804**

**Telephone: (812) 234-0984**

**Fax: (812) 234-6137**

**Federal ID # 35-1916595**

**Date: June 6, 2005**

**Invoice # C04-513**

**Mr. William Drummy**

**Attorney at Law**

**333 Ohio Street**

**Terre Haute, IN 47807**

**Testifying in Court**

**State of Indiana vs. Stephen Mark  
Decker, Terre Haute Savings Bank and  
Vigo County, Indiana.**

**Cause No.: 84D04-0404-PL-03432**

**Total Due**

**\$300.00**

**Thank you**

**Michael Ofsansky & Associates**

**Real Estate Appraisers & Brokers**

**1004 Lafayette Avenue**

**Terre Haute, Indiana 47804**

**Telephone: (812) 234-0984**

**Fax: (812) 234-6137**

**Federal ID # 35-1916595**

**Date: June 6, 2005**

**Invoice # C04-513**

**Mr. William Drummy**

**Attorney at Law**

**333 Ohio Street**

**Terre Haute, IN 47807**

**Testifying in Court**

**State of Indiana vs. Stephen Mark  
Decker, Terre Haute Savings Bank and  
Vigo County, Indiana.**

**Cause No.: 84D04-0404-PL-03432**

**Total Due**

**\$300.00**

**Thank you**

ATTORNEY GENERAL'S OFFICE  
REAL ESTATE

JUN 3 2005

RECEIVED

ADD LESSED FINCS

Substitute Form  
OMB FORM 25190 (R 07/01)  
APPROVED BY STATE DEPT OF REVENUE 2001  
APPROVED BY AUDITOR OF STATE 2001

# Taxpayer Identification Number Request

State of Indiana

W-9 LAND ACQUISITION

DO NOT send to IRS

Print or Type  
**Legal Name** (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS)  
DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE  
MICHAEL OFSANSKY & ASSOCIATES

Return to address below

**Trade Name** Complete only if doing business as (D/B/A)

**Remit Address** 1004 Lafayette Avenue  
Terre Haute, In. 47804

**Purchase Order Address- Optional**

STP 291-1(2)  
3777-19

Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below:  
(SSN = Social Security Number, EIN = Employer Identification Number)

SSN or EIN must be for legal name above.

- Individual** (Individual's SSN) \_\_\_\_\_
- Sole Proprietorship (Owner's SSN or Business EIN)** SSN \_\_\_\_\_  
EIN \_\_\_\_\_
- Partnership**  General  Limited (Partnership's EIN) \_\_\_\_\_
- Estate / Trust** (Legal Entity's EIN) \_\_\_\_\_  
Note: Show the name and number of the legal trust, or estate, not personal representatives.
- Other (Limited Liability Company, Joint Venture, Club, etc)** (Entity's EIN) \_\_\_\_\_
- Corporation** Do you provide legal or medical services?  Yes  no (Corp's EIN) \_\_\_\_\_
- Government (or Government operated entity)** (Entity's EIN) \_\_\_\_\_
- Organization Exempt from Tax under Section 501(a)** (Org's EIN) \_\_\_\_\_  
Do you provide medical services?  Yes  no
- Check here if you do not have a SSN or EIN but have applied for one.

Under penalties of perjury, I certify that:

- (1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

**CERTIFICATION INSTRUCTIONS** -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type) MICHAEL OFSANSKY TITLE President  
AUTHORIZED SIGNATURE [Signature] DATE 10/15/05 PHONE 812-234-0984

Agency \_\_\_\_\_ Agency use only 1099  Yes  No Approved by: \_\_\_\_\_

ADD 10-50-0000

Substitute Form  
OMB Form 2514-0143 (R 07/01)  
APPROVED BY OFFICE OF MANAGEMENT AND BUDGET  
APPROVED BY BUREAU OF INTERNAL SECURITY

# Taxpayer Identification Number Request

State of Indiana

W-9

*LAND ACQUISITION*

DO NOT send to IRS

<b>Print or Type</b>		Return to address below
<b>Legal Name</b> (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE	CONLEY REAL ESTATE APPRAISALS, Inc.	
<b>Trade Name</b> Complete only if doing business as (D/B/A)		
<b>Remit Address</b>	321 Ohio Street, Upper Suite 1 Terre Haute, In 47807	
<b>Purchase Order Address- Optional</b>		3777 - 19

Check legal entity type and enter 9 digit taxpayer identification Number (TIN) below:  
(SSN = Social Security Number, EIN = Employer Identification Number)

SSN or EIN must be for legal name above.

Individual (Individual's SSN) \_\_\_\_\_

Sole Proprietorship (Owner's SSN or Business EIN) SSN \_\_\_\_\_  
EIN \_\_\_\_\_

Partnership  General  Limited (Partnership's EIN) \_\_\_\_\_

Estate / Trust (Legal Entity's EIN) \_\_\_\_\_  
Note: Show the name and number of the legal trust, or estate, not personal representatives.

Other (Limited Liability Company, Joint Venture, Club, etc) (Entity's EIN) \_\_\_\_\_

Corporation Do you provide legal or medical services?  Yes  No (Corp's EIN) 37-777-1944

Government (or Government operated entity) (Entity's EIN) \_\_\_\_\_

Organization Exempt from Tax under Section 501(a) (Org's EIN) \_\_\_\_\_  
Do you provide medical services?  Yes  No

Check here if you do not have a SSN or EIN but have applied for one.

Under penalties of perjury, I certify that:

- (1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

CERTIFICATION INSTRUCTIONS -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type) Brian F. Gontier TITLE President

AUTHORIZED SIGNATURE [Signature] DATE 10/17/05 PHONE 812-235-4576

Agency \_\_\_\_\_ Agency use only 1099  Yes  No Approved by: \_\_\_\_\_

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002) 19 3777	Vigo	Michael Ofsansky & Assoc.  1004 Lafayette Avenue Terre Haute IN 47804	
			expert witness	\$300.00
			Total	\$300.00

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

  
Lawrence R Miedema  
Deputy Attorney General

6-17-05  
Date

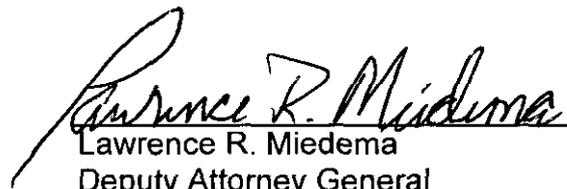
**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
641	STP-291-1(002) 19 3777	Vigo	Conley Real Estate Appraisals, Inc. 321 Ohio Street Upper Suite1 Terre Haute, IN 47807	
			Appraisal	\$750.00
			Total	\$750.00

RE: State v. Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

6-13-05  
Date

LRM/eljh: 235258



# Conley Real Estate Appraisals, Inc.

321 Ohio Street , Upper Suite 1, Terre Haute, Indiana 47807

Phone and Fax number: (812) 235-4576

E-Mail Address: bconley@conleyappraisals.com

Invoice #04061502a

Date: May 23, 2005

TO: Mr. Lawrence Miedema  
Indiana Department of Transportation  
100 North Senate Ave  
Indianapolis, Indiana 46204-2219

Tax ID #35-1814544

**Cause No. 84D04-0404-PL-3432**

Stephen Mark Decker Case

4 Hours Preparation including meetings with Larry Miedema & William Drummy @ \$150/hr

1 Hour Trial Testimony @ \$150/hr ..... \$750

*OK ARM*

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

U.S.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
641	STP-291-1(002) 19 3777	VIGO	Rapid Reproductions, Inc. 129 S. 11 St. Terre Haute, IN 47807	
			Rapid Reproductions (copies / enlargements)	\$146.70
			Total	\$146.70

RE: State v. Decker  
84D04-0404-PL-3432

  
 \_\_\_\_\_  
 Lawrence R. Miedema  
 Deputy Attorney General

6-13-05  
 \_\_\_\_\_  
 Date

LRM/elh: 235251



# Rapid Reproductions, Inc.

129 S. 11th St.  
Terre Haute, IN 47807  
812-238-1681/Fax 812-235-0690  
E-Mail RapidR129@aol.com

## Invoice

Invoice Number:  
48955

Invoice Date:  
May 16, 2005

Page:  
1

Sold To:

Wilkinson Law Firm  
P. O. Box 800  
Terre Haute, IN 47808-800  
Vigo

Ship To

Customer ID	Customer PO	Payment Terms	
Wilkinson Law Firm	StateVsDecker	Net 30 Days	
Sales Rep	Shipping Method	Ship Date	Due Date
Wendy Cress	Cust. Pickup	5/16/05	6/15/05

Quantity	Item	Description	Unit Price	Extension
2	Plots-Graphic	24 x 36 copies (12 Sq/Ft)	33.00	66.00
1	LDC Bonds	24 x 36 copy (6 Sq/Ft)	2.40	2.40
1	Misc Indiana Mdse	enlargement	4.00	4.00
4	Mounting Services	24 x 36 images mounted	16.50	66.00

Subtotal 138.40

Sales Tax 8.30

Freight

**TOTAL DUE** \$146.70

**Thank You**

*ok*  
*PRM*

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

David H. Goeller  
Raymond H. Modesitt  
B. Curtis Wilkinson  
William W. Drummy  
Kelvin L. Roots  
John C. Wall  
William M. Olah  
Craig M. McKee  
Scott M. Kyroutac  
Jeffrey A. Boyll  
David P. Friedrich  
Jeffrey A. Lewellyn  
Tracy M. Weber\*  
William S. Frankel IV

\*also admitted in Illinois

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1874-1968

Floyd E. Dix  
1895-1974

D. Joe Gabbert  
1929-1978

Lloyd C. Adamson  
1909-1981

Thomas M. Patrick  
1916-1989

Myrl O. Wilkinson  
1932-1997

E-mail: [wwdrummy@wilkinsonlaw.com](mailto:wwdrummy@wilkinsonlaw.com)

May 24, 2005

Mr. Lawrence R. Miedema  
Attorney General's Office  
IGCS 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204

**Re: State of Indiana v. Stephen M. Decker, Terre Haute  
Savings Bank, and Vigo County, Indiana  
Cause No.: 84D04-0404-PL-3432**

Dear Larry:

I enclose herewith an invoice from Rapid Reproductions, Inc. for preparation of the trial exhibits in the amount of \$146.70. I would appreciate it if you would remit directly to Rapid Reproductions, Inc.

Very truly yours,

FOR THE FIRM

  
William W. Drummy

WWD/lc  
Enclosure

333 Ohio Street  
P.O. Box 800  
Terre Haute, IN 47808-0800

Ph: 812-232-4311  
Fx: 812-235-5107

[www.wilkinsonlaw.com](http://www.wilkinsonlaw.com)

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

ROAD	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002)  19 3777	Vigo	<i>WILKINSON LAW</i> <del>FIRM</del> <i>LLP</i> 333 Ohio Street PO Box 800 Terre Haute In 47808-0800	
			local counsel	\$106.25
			Total	\$106.25

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

*Lawrence R. Miedema*  
 \_\_\_\_\_  
 Lawrence R. Miedema  
 Deputy Attorney General

*4-11-06*  
 \_\_\_\_\_  
 Date

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

MARCH 27, 2006

7073 001 WWD  
State of Indiana  
IGCS 5th Floor  
302 West Washington Street  
Indianapolis, IN 46204  
ATTN: Lawrence Miedema

State of Indiana v. Decker

DATE	DESCRIPTION	AMOUNT
BALANCE BROUGHT FORWARD		
05/26/05	Invoice Number 55073	10,762.36
06/28/05	Payment	10,681.25-
09/02/05	Invoice Number 56706	106.25
09/14/05	Payment	81.11-
	TOTAL BALANCE DUE	\$ 106.25

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

AC H  
0001661492  
4-21-06

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>080037770192173</i>		DATE (MM,DD,YY)		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>WILKINSON LAW FIRM, LLP</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET)				FEDERAL I.D. NUMBER <i>[REDACTED]</i>						
				VENDOR NUMBER						
CITY	STATE	ZIP	PARCEL	PROJECT	DES NUMBER					
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>04/17/06</i>	<i>106.25</i>	<i>4000</i>	<i>561300</i>	<i>108610</i>	<i>(NO)</i>					
					Check Delivery: Send <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse					
GROSS AMOUNT <i>106.25</i>				DOC I.D.: <b>PV 800 37770192173</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>262173</i>	<i>401</i>	<i>800</i>	<i>DDMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>29110023</i>	<i>03</i>	<i>21.25</i>
<i>02</i>	<i>262173</i>	<i>405</i>	<i>800</i>	<i>DDMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>29110023</i>	<i>03</i>	<i>85.00</i>
<i>03</i>			<i>800</i>							
<i>04</i>			<i>800</i>							
CLAIMANTS					LEINHOLDERS					
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.					I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:					
DATE					Date					
BUSINESS NAME					LEINHOLDER NAME					
DATE					Date					
DATE					Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.					
DATE					DEPUTY ATTORNEY GENERAL					
DATE					DATE					
DATE					I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.					
DATE					<i>Tony P. Hedge</i> APR 18 2006					
Recommended Approval:					INDOT DIVISION OF ACCOUNTING AND CONTROL					
<i>[Signature]</i>					DATE					
ORIGINATOR					Approved, Indiana Department of Transportation					
DATE					<i>[Signature]</i>					
Approved Division of Land Acquisition					DIVISION CHIEF					
DATE					DATE					
DIVISION CHIEF					DATE					

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002)  19 3777	Vigo	Wilinson LAW FIRM, LLP 330 Ohio St., PO BOX 800 Terre Haute, IN. 47808	
			expert witness	\$106.25
			Total	\$106.25

RE: State of Indiana v Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

2-21-06  
Date

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

FEBRUARY 17, 2006

7073 001 WWD  
State of Indiana  
IGCS 5th Floor  
302 West Washington Street  
Indianapolis, IN 46204  
ATTN: Lawrence Miedema

State of Indiana v. Decker

DATE	DESCRIPTION	AMOUNT
BALANCE BROUGHT FORWARD		
05/26/05	Invoice Number 55073	10,762.36
06/28/05	Payment	10,681.25
09/02/05	Invoice Number 56706	106.25
09/14/05	Payment	81.11
	TOTAL BALANCE DUE	\$ 106.25

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <b>C80037770192173</b>		DATE (MM,DD,YY) <b>4-17-06</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>WILKINSON, LAW FIRM, LLP</b>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <b>333 Ohio St., PO BOX 800</b>				FEDERAL I.D. NUMBER <b>0350902122</b>						
				VENDOR NUMBER						
CITY <b>Terre Haute,</b>		STATE <b>IN.</b>	ZIP <b>47808</b>	PARCEL <b>1913777</b>	PROJECT <b>STP-291-1(062)</b>	DES NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION (099 IND)					
<b>04/17/06</b>	<b>106.25</b>	<b>4000</b>	<b>561300</b>	<b>108610</b>	<b>(NO)</b>					
					Check Delivery: Send <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse					
GROSS AMOUNT <b>\$106.25</b>				DOC I.D.: PV 800 <b>37770192173</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	262173	401	800	DOMN	861600	488	613	29110023	03	21.25
02	262173	405	800	DOMN	861600	488	613	29110023	03	85.00
03			800							
04			800							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE										
Recommended Approval: <b>Rouvence R. Medina</b> <b>2-21-06</b>				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
ORIGINATOR DATE				Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<b>McClure</b> <b>4-17-06</b>						
DIVISION CHIEF DATE				DIVISION CHIEF DATE						

Parcel Maintenance for Buying



Project No:	STP-291-1(2)	Code No:	3777	Main Des Cd:	9138220
Parcel Number:	19	Parcel County:	MIG0	Road No:	US ROUTE 641
Parcel Status:	CLEAR PRIME	Packet Location:	BUY - AG-CONDEMNATION		
Owner:	DECKER, STEPHEN M.		5639 MCDANIEL RD		
	TERRE HAUTE	IN	47802-	(812)696-2729	
Property Location: 5639 MCDANIEL RD, TERRE HAUTE: 1000' E OF CSX RR					

Assigned Date:	07/31/2003	Buyer Name:	PATTERSON, DAVID	Staff/Fee:	FEE
Firm Offer Date:	09/04/2003	Firm Offer Amount:	\$165,473.00	Building Indicator:	YES
Remarks:					
Reloc. Indicator:		Daily Notice Date:	00/00/0000	Right Of Entry Date:	00/00/0000
Renegotiation Date:	10/29/2003	Revised FOG Date:	11/06/2003	Revised FOG Amount:	\$171,000.00
Signed Deed Date:	00/00/0000	Deed Amount:	\$0.00	Secured Date:	00/00/0000
Settlement Type:		Retention Amount:	\$0.00		
Due Date:	00/00/0000	Extension Date:	00/00/0000	Buyer Overall Rating:	
Description:					



INDIANA DEPARTMENT OF TRANSPORTATION

Indianapolis, Indiana 46204-2249

INTER-DEPARTMENT COMMUNICATION

September 21, 2005

Memorandum:

To: Kevan McClure, Chief, Division of Land Acquisition  
To: Ron Raney, RW Engineering, Division of Land Acquisition  
Through: Gary Mrocza, Design Division  
Through: Anne Rearick, Design Division  
Through: Mike Hoy, Design Division  
From: James Todd, Design Division

Subject: Project: STP-291-1(002)  
Code: 3777  
Parcel(s): 19, 25, 26, and 34  
County: Vigo  
Des No: 9138220  
Road: SR 641

file

Attached herewith is a set of prints for the revised sheets of the R/W plans for the subject project. The revised sheets are 13, 14, 26, 28, and 30.

This revision consists of changing the classification of the subject parcels from "Excess Land" to permanent RW and changing the property line notation to proposed RW. Parcels 19, 25, and 26 are required for stream mitigation. Parcel 34 is required for drainage. Also note that the revision of April 29, 2005 to sheet 13 (removing "Excess Land" from parcel 22) should also be shown on sheet 14.

If you need any further information please contact James at 233-2094 or Mike at 233-2084. Thank you.

Cc: Hoy  
File

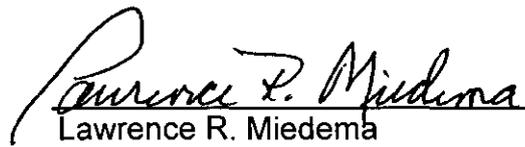
**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002) 19 3777	Vigo	Howard Junker, Jr. Junker Realty 840 National Avenue W Terre Haute IN 47885	
			witness	\$300.00
			Total	\$300.00

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

6-13-05  
Date

**Condemned Parcel Maintenance for Buying**



Project No:	STP-291-1(2)	Code No:	3777	Main Des Cd:	9138220
Parcel Number:	19	Parcel County:	VIGO	Road No:	US ROUTE 641
Parcel Status:	MONEY POSTED PAID		Packet Location: BUY - AG-CONDEMNATION		
Owner:	DECKER, STEPHEN M.		5639 MCDANIEL RD		
	TERRE HAUTE		IN 47802-		(812)299-2667
Property Location: 5639 MCDANIEL RD, TERRE HAUTE: 1000' E OF CSX RR					

<b>Condemned Amount:</b>	\$171,000.00	<b>Condemned Date:</b>	02/16/2004
Dep. Attorney General:	MIEDEMA		
Attorney General Arrival:	04/22/2004	Complaint Filed Date:	04/23/2004
		Right Of Entry Date:	00/00/0000
Cause No:	84D04-0404-PL-0342	Venue Cause No:	
Venue County:		Order Appr. Date:	07/01/2004
		Court Apprsl. Date:	09/02/2004
Court Award:	\$230,000.00	Court Apprsr Fee:	\$4,500.00
Legal Fee:	\$0.00	Interest Amount:	\$0.00
Judgment Date:	00/00/0000	Judgement Adjustment:	\$0.00
Money Posted Date:	11/24/2004	Judgment Type:	
Remarks:			



# Indiana Department of Transportation

COPY

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:  
November 22, 2004

(317) 232-5058

To: Vigo County Clerk  
Vigo County Courthouse  
Terre Haute, IN 47807

Certified Mail No. 7003-0500-0000-1091-8617

From: Stephen L. Catron, Supervisor  
Property Management Unit  
Division of Land Acquisition

RE: INDOT Project: STP-291-1 (002) Code: 3777 Parcel: 19

Enclosed is state warrant No. 18959744 Dated 11/16/2004 to satisfy the following voucher:

St v. Stephen Mark Decker, et al.  
Cause No. 84D04-0404-PL-03432

Entry & Order \$ 230,000.00

Fee \$ 4,500.00

TOTAL \$ 234,500.00

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Land Acquisition-Property Management, 100 N. Senate Avenue, Room N-955, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Sylvia Regalado, AG Office  
Rex Garing, Land Acq.  
Kenny Franklin, Property Management

*mp 11-24-04*

FORM APPROVED BY STATE BOARD OF ACCOUNTS  
FOR VIGO COUNTY CLERK - 1987

# CLERK OF VIGO CIRCUIT/SUPERIOR COURTS

DATE 11/24/04 CAUSE NO. 84D04-0404-PL-03432 BUS DATE 11/24/04 RECEIPT NO. 133478  
14:58:09  
GT  
COURT NO. SUPERIOR 04  
KIND NO. PAGE PL NON-LOCAL CHECK  
STATE OF IND V DECKER ET AL  
TRUST  
TRUST  
\$230000.00  
\$4500.00

PAYMENT TYPE  
NON-LOCAL CHECK  
TOTAL RECVD \$234500.00  
STATE OF INDIANA  
RECEIVED FROM

  
CLERK OF VIGO CIRCUIT/SUPERIOR COURTS

November 10, 2004

Mr. Rex Garing, Buying Section Program Director  
Indiana Department of Transportation  
Division of Land Acquisition  
100 North Senate Avenue, Room N955  
Indianapolis, IN 46204

RE: **State v. Stephen Mark Decker, et al.**  
Vigo Superior Court No. 4  
Cause No. 84D04-0404-PL-03432

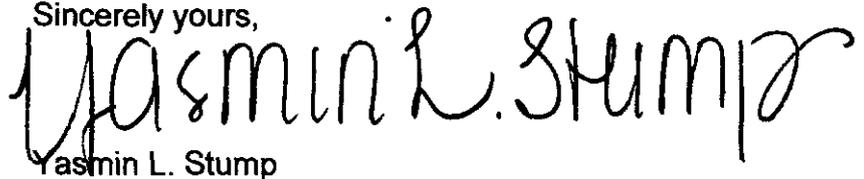
Dear Rex:

Enclosed are a transmittal memorandum, a completed voucher and copies of the Entry and Order and Report of Appraisers in the above-referenced case. The federal identification number on the voucher will need to be filled in.

Kindly let me know when the amount of court-appointed appraisers' award and appraisers' fees has been deposited with the Clerk of the Court so that I may make arrangements to provide you with the case file.

Please feel free to call me if you have any questions about this matter. My office telephone number is 705-0707.

Sincerely yours,

  
Yasmin L. Stump

INDOTGenBus.lettertoRexGaring86  
enclosures

Three Meridian Plaza, Suite 100  
10333 North Meridian Street  
Indianapolis, Indiana 46290

t: 317.705.0707

f: 317.844.9977

e: yasminstump@aol.com

Date: November 10, 2004

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

<u>S.R.</u>	<u>PROJECT</u>	<u>COUNTY</u>	<u>PAYEE</u>	<u>AMOUNT</u>
U.S. 641	STP-291-1(002) Parcel No. 19 Code 3777	Vigo	Vigo County Clerk Courthouse, <del>Vigo County</del> <del>33 South Third Street</del> Terre Haute, IN <del>47807</del> 47805	

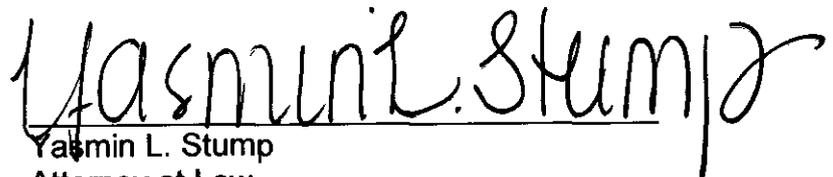
Entry and Order \$230,000.00

Fee \$ 4,500.00

**Total \$234,500.00**

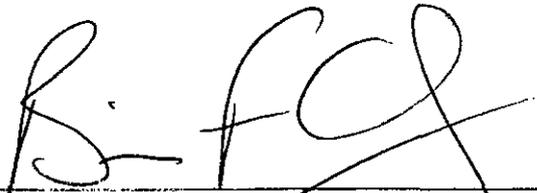
*State of Indiana v.  
Stephen Mark Decker,  
et al.*

Cause No. 84D04-0404-  
PL-03432



Yasmin L. Stump  
Attorney at Law

6. Total just compensation, which is the residue damages plus damages resulting from the construction of the proposed road improvements minus benefits plus the "fair market value" of the land and improvements taken, amount to **Two Hundred Thirty Thousand Dollars (\$230,000)**.



---

Brian F. Conley



---

Howard H. Junker, Jr.



---

Michael Ofsansky

Dated: September 2, 2004

STATE OF INDIANA ) IN THE VIGO SUPERIOR COURT NO. 4  
COUNTY OF VIGO ) SS:  
CAUSE NO. 84D04-0404-PL-03432

STATE OF INDIANA, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
STEPHEN MARK DECKER, TERRE )  
HAUTE SAVINGS BANK and VIGO )  
COUNTY, INDIANA, )  
 )  
Defendants. )

RECEIVED  
Patricia R Mansard

NOV 05 2004

Clerk of the  
Vigo Circuit Court

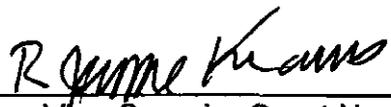
**ENTRY AND ORDER**

The court-appointed appraisers report that Defendants are entitled to total just compensation of **Two Hundred Thirty Thousand Dollars (\$230,000.00)** in this case.

The Court, having reviewed the record of this case and being duly advised, **ORDERS** Plaintiff to pay the Clerk of the Court the total appraisers' fees in the amount of **Four Thousand Five Hundred Dollars (\$4,500.00)**.

The Court further **ORDERS** the Clerk of the Court, on receipt of said amount, to pay each of the appraisers his or her share of the fee recited above, and to deposit all other amounts received from the Plaintiff in an interest-bearing account, pending further Order of this Court.

The Clerk of the Court is further **ORDERED** to send a copy of the Report of Appraisers and this Entry and Order by **CERTIFIED MAIL to Plaintiff, all Defendants and the attorneys of record in this case.**

  
\_\_\_\_\_  
Judge, Vigo Superior Court No. 4

Date: November 4, 2004



## Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219  
FAX: (317)233-3055 - Writer's Direct Phone: 317-232-5007

December 14, 2004

Stephen Decker  
5639 McDaniel  
Terre Haute, IN 47802

RE: Code: **3777**  
Parcel: **19**  
County: Vigo  
Cause #: 84D04-0404-PL-03432  
Certified No. 70030500000010918778

The State of Indiana, on behalf of the Indiana Department of Transportation, has filed suit in eminent domain to acquire a portion of your real estate under the above-referenced project to improve 641. The Vigo County Court has appropriated your real estate and appointed three appraisers to determine the value of that real estate together with any resulting damages caused by that appropriation. The appraisers have returned their report and have assessed total damages due under the appropriation at \$230,000.00. On 11/24/04 the State deposited this amount with the Vigo County Clerk and now, pursuant to IC 32-24-3-6, has a right to take possession of that real estate appropriated by the Court.

Please remove any of your personal property from the items remaining in the right of way upon the appropriated real estate by **January 14, 2005**. When these items are removed from the acquired right-of-way, please call my office to avoid further notices.

Respectfully,

A handwritten signature in black ink, appearing to read "Kenny Franklin", written over a horizontal line.

Kenny Franklin  
Property Management Unit

KF:kf

cc: Darrell Felling, PO Box 612, Greencastle, IN 46135,  
(Cert. No: 70030500000010918785)  
Attorney General's Office  
Records



## Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5007

May 17, 2005

### MEMORANDUM

TO: Kristie Davis  
Environmental Services Section

FROM: Kenny Franklin  
Property Management Specialist

RE: Asbestos Inspection  
Project: STP-291-1(2)  
Code: 3777  
Parcel(s): 19  
County: Vigo  
Des. No.: 9138220  
Location: 5639 McDaniel Rd, Terre Haute

Please add the above referenced parcel(s) to your inspection list. The building(s) to be inspected are all buildings, which are currently unoccupied. The inspector will need to contact our office to obtain keys if needed. The report for these inspections should be returned to our office no later than June 15, 2005. Please let me know if there are any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenny Franklin", written over a horizontal line.

Kenny Franklin

Cc: Records



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

April 15, 2005

Sacopulos, Johnson, & Sacopulos  
676 Ohio Street  
Terre Haute, IN 47807

Enclosed please find State Warrant 10137758 dated 4/13/2005 Invoice No. 252488

DESCRIPTION AND PURPOSE	AMOUNT
For: Re: Condemnation Expense for Location: 5639 McDaniel Rd 1000' E of CSX RR, Terre Haute, IN 47802	
Re: Stephen M. Decker	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1 (2)</u>	
Code: <u>3777</u> Parcel: <u>19</u>	
County: <u>Vigo</u>	\$ 285.05

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

*[Handwritten Signature]*  
*4/18/05*



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

*copy*

(317) 232-5058

April 15, 2005

Sacopulos, Johnson, & Sacopulos  
676 Ohio Street  
Terre Haute, IN 47807

Enclosed please find State Warrant 10137758 dated 4/13/2005 Invoice No. 252488

DESCRIPTION AND PURPOSE	AMOUNT
For: Re: Condemnation Expense for Location: 5639 McDaniel Rd 1000' E of CSX RR, Terre Haute, IN 47802	
Re: Stephen M. Decker	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1 (2)</u>	
Code: <u>3777</u> Parcel: <u>19</u>	
County: <u>Vigo</u>	<u>\$ 285.05</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

1013 775P  
4-13-05

State Form 9929 (R7/7-03) Approved by State Board of Accounts - 1999

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER C800 37770192478		DATE (MM,DD,YY) 04-08-05		AGENCY NAME INDOT		AGENCY NUMBER 800				
VENDOR NAME SACOPULOS, JOHNSON + SACOPULOS				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) 676 OHIO STREET				FEDERAL I.D. NUMBER						
				VENDOR NUMBER						
CITY TERRE HAUTE		STATE IN		ZIP 47801		PARCEL 14-3777				
				PROJECT		DES NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION / 1099 IND					
04/11/05	735.00	4200	01300	121010	(NG)					
					Check Delivery:					
					Send <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse					
GROSS AMOUNT \$285.05				DOC I.D.: PV 800 37770192478						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	252488	401	800	093	661000	438	013	19110023	01	57.01
02	252488	401	800	093	661000	438	013	19110023	01	214.99
03			800							
04			800							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<p align="center"><i>Tony L. Hedge</i>      APR 12 2005</p>						
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL      DATE						
<p align="center"><i>REV A. GAINY</i>      4-7-05</p>				Approved, Indiana Department of Transportation						
ORIGINATOR Approved Division of Land Acquisition										
DIVISION CHIEF				<p align="center"><i>R. Miller</i>      4-8-05</p>						
DATE				DATE						

81-2222

(8) 1-160-JTS

Re: Stephen M. Decker  
5639 McDaniel Rd  
Jesse Haute 47802  
AG Condemnation  
Vigo County  
1000' E of CSX RR.  
US RT 641



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

June 24, 2005

Wilkinson Law Firm, LLP  
333 Ohio St.  
P.O. Box 800  
Terre Haute, IN 47808

Enclosed please find State Warrant 10249794 dated 06/21/2005 Invoice No. 253124

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Fee</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1(002)</u>	
Code: <u>3777</u> Parcel: <u>19</u>	
County: <u>Vigo</u>	<u>\$ 10,681.25</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

SLC:ms

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

10249794  
6-21-05

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>C10 10249794</i>		DATE (MM,DD,YY) <i>6/14/05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>WILKINSON LAW FIRM, LLP</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <i>333 N. 10th St</i>				FEDERAL I.D. NUMBER <i>[REDACTED]</i>						
ADDRESS (NUMBER, STREET) <i>10 LOT 300</i>				VENDOR NUMBER						
CITY <i>TOTTENHAM</i>		STATE <i>IN</i>		ZIP <i>47601</i>		PARCEL / PROJECT / DES NUMBER <i>19 / 3777 / 511-311 V<sup>10</sup></i>				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>6/14/05</i>	<i>12,081.00</i>	<i>400</i>	<i>20100</i>	<i>103110</i>	<i>NE</i>					
					Check Delivery: Send <input type="checkbox"/> Yes <input type="checkbox"/> No See Reverse					
GROSS AMOUNT <i>12,081.00</i>				DOC I.D.: PV 800 <i>10249794</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>253124</i>	<i>400</i>	<i>800</i>	<i>2092</i>	<i>50100</i>	<i>433</i>	<i>20100</i>	<i>10249794</i>	<i>01</i>	<i>12,081.00</i>
02	<i>102494</i>	<i>400</i>	<i>800</i>	<i>2092</i>	<i>50100</i>	<i>433</i>	<i>20100</i>	<i>10249794</i>	<i>01</i>	<i>3,045.00</i>
03			<i>800</i>							
04			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE		BUSINESS NAME		DEPUTY ATTORNEY GENERAL		DATE				
DATE		BUSINESS NAME		I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE		BUSINESS NAME		<i>Ray P. Hedge</i>		<b>JUN 16 2005</b>				
Recommended Approval: <i>Erin... Medina</i>		DATE <i>6/14/05</i>		INDOT DIVISION OF ACCOUNTING AND CONTROL		DATE				
ORIGINATOR		DATE		Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition		DATE		<i>[Signature]</i>		<i>6/14/05</i>				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>6320 37710113084</i>		DATE (MM,DD,YY) <i>6/13/05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Newlin-Johnson Co., Inc.</b>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <b>601 Ohio Street</b>				FEDERAL I.D. NUMBER <b>[REDACTED]</b>						
P.O. Box 1544				VENDOR NUMBER <i>E1558</i>						
CITY <b>Terre Haute</b>		STATE <b>IN</b>		ZIP <b>47808-1544</b>		PARCEL <b>19</b>	PROJECT <b>STP-291-1(2)</b>	DES NUMBER <i>Code 3771</i>		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>7/1/05</i>	<i>1,664.61</i>	<i>460</i>	<i>2013</i>	<i>115010</i>	<i>NJ</i>					
					Check Delivery: Send <input type="checkbox"/> Res <input type="checkbox"/> See Reverse					
GROSS AMOUNT <b>\$1,664.61</b>				DOC I.D.: <b>PV 800</b> <i>61772113084</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>35004</i>	<i>111</i>	<b>800</b>	<i>213</i>	<i>52500</i>	<i>460</i>	<i>213</i>	<i>19110013</i>	<i>01</i>	<i>35004</i>
02	<i>71284</i>	<i>4--</i>	<b>800</b>	<i>213</i>	<i>52500</i>	<i>460</i>	<i>213</i>	<i>19110025</i>	<i>01</i>	<i>1551.01</i>
03			<b>800</b>							
04			<b>800</b>							
<b>CLAIMANTS</b>				<b>LEINHOLDERS</b>						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
5-20-05 <b>Newlin-Johnson Co., Inc.</b>				Date <b>LEINHOLDER NAME</b>						
DATE <b>BUSINESS NAME</b> 5-20-05 <i>John S. Newlin</i>				Date <b>LEINHOLDER NAME</b>						
DATE <b>John S. Newlin, President</b>				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL <b>DATE</b>						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<div style="text-align:right; font-size: 1.2em;"> <i>Tony L. Hedge</i>      JUN 14 2005         </div>						
Recommended Approval: <i>Lawrence R. Medina</i> 5-23-05										
ORIGINATOR <b>DATE</b> <i>Lawrence R. Medina</i> 5-23-05				INDOT DIVISION OF ACCOUNTING AND CONTROL <b>DATE</b> Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<div style="text-align:right; font-size: 1.2em;"> <i>[Signature]</i>      6/13/05         </div>						
DIVISION CHIEF <b>DATE</b>				DIVISION CHIEF <b>DATE</b>						

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>CR 2757770194770</i>		DATE (MM/DD/YY) <i>5/10/05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Newlin-Johnson Co., Inc.</b>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <b>601 Ohio Street</b>				FEDERAL I.D. NUMBER <i>[REDACTED]</i>						
P.O. Box 1544				VENDOR NUMBER <i>1254</i>						
CITY <b>Terre Haute</b>		STATE <b>IN</b>		ZIP <b>47808-1544</b>		PARCEL <b>19</b>	PROJECT <b>STP-291-1(002)</b>			
DES NUMBER										
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>04/09/05</i>	<i>3,500.00</i>	<i>400</i>	<i>613</i>	<i>10000</i>	<i>ND</i>					
Check Delivery: Send <input type="checkbox"/> Yes <input type="checkbox"/> See Reverse										
GROSS AMOUNT <b>3,500.00</b>				DOC I.D.: <b>PV 800</b> <i>27770194770</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>267776</i>	<i>400</i>	<i>800</i>	<i>2243</i>	<i>601000</i>	<i>450</i>	<i>613</i>	<i>STP-291-1(002)</i>	<i>01</i>	<i>1,500.00</i>
02	<i>267776</i>	<i>400</i>	<i>800</i>	<i>2243</i>	<i>601000</i>	<i>450</i>	<i>613</i>	<i>STP-291-1(002)</i>	<i>01</i>	<i>1,500.00</i>
03			<i>800</i>							
04			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE <b>04/19/05</b>		BUSINESS NAME <b>Newlin-Johnson Co., Inc.</b>		Date		LEINHOLDER NAME				
DATE <b>04/19/05</b>		Signature <i>John S. Newlin</i>		Date		LEINHOLDER NAME				
DATE		<b>John S. Newlin, President</b>		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony E. Hedge</i>		<b>MAY 13 2005</b>				
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR <i>Timothy P. Medina</i>		DATE <i>4-25-05</i>		Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<i>[Signature]</i>						
DIVISION CHIEF		DATE		DIVISION CHIEF						
				<i>5/10/05</i>						

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
US 41	STP-291-1(002) 19 3777	Vigo	Wilkinson, <i>Edw Rimm</i> LLP  333 Ohio Street PO Box 800 Terre Haute IN 47808  <i>ATTORNEY witness FEES</i>	\$10,681.25
			Total	\$10,681.25

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

*Lawrence R. Miedema*  
\_\_\_\_\_  
Lawrence R. Miedema  
Deputy Attorney General

*6-10-05*  
\_\_\_\_\_  
Date

WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP

Attorneys At Law

MAY 26, 2005  
REF NO. 055073

7073 001  
State of Indiana  
IGCS 5th Floor  
302 West Washington Street  
Indianapolis, IN 46204  
ATTN: Lawrence Miedema

State of Indiana v. Decker

DATE	DESCRIPTION	HOURS	AMOUNT
SERVICES RENDERED			
04/12/05	WWD Telephone conference with Larry Miedema at Attorney General's Office.	.50	62.50
04/28/05	WWD Receipt and review e-mail from Attorney General's Office.	.20	25.00
	WWD Telephone conference with Attorney General's Office re: upcoming trial.	.40	50.00
05/02/05	WWD Prepare Appearance.	.20	25.00
	WWD Receipt and review claim exhibits from Mr. Miedema at Attorney General's office.	1.50	187.50
	WWD Receipt and review correspondence from Mr. Todd at Attorney General's Office.	.15	18.75
	WWD Telephone conference with Attorney Miedema.	.60	75.00
05/03/05	WWD Receipt/review/annotate appraisal by defendant's expert, Daryl Branneman.	.75	93.75
05/04/05	WWD Communicate with defendant's attorney re: his expert witness.	.45	56.25
	WWD Receipt and review Defendant's Motion in Limine.	.80	100.00
	WWD Telephone conference with lead counsel, Larry Miedema.	.35	43.75
	WWD Telephone conference with Brian Conley.	.35	43.75
	WWD Telephone conference with defendant's attorney to set up time to view exhibits.	.30	37.50
	WWD Telephone conference with Court staff re: jury questionnaires.	.20	25.00
	WWD Telephone conference with Johnny Swalls re: his testimony.	.20	25.00
05/05/05	WWD Receipt and review correspondence dated 05/02/05 from Charles Todd at Attorney General's Office.	.10	12.50
	WWD Receipt and review plaintiff's Motion in	.20	25.00

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

7073 001  
State of Indiana  
State of Indiana v. Decker

MAY 26, 2005  
REF NO. 055073

PAGE 2

DATE	DESCRIPTION	HOURS	AMOUNT
	Limine, Motion for Jury View and Offer of Settlement.		
	WWD Telephone conference with Johnny Swalls to coordinate pre-trial meeting next week.	.20	25.00
05/06/05	WWD Correspondence to Larry Miedema transmitting his copy of jury questionnaires.	.20	25.00
	WWD Receipt, review and annotate jury questionnaires.	1.50	187.50
	WWD Telephone conference with Larry Miedema.	.40	50.00
	WWD Telephone conference with Johnny Swalls re: next week's meeting.	.25	31.25
05/09/05	WWD Dictate Voir Dire outline.	1.50	187.50
05/10/05	WWD Dictate initial notes for Opening Statement.	.75	93.75
	WWD Meet at property site with Highway Engineer.	1.25	156.25
	WWD Initiate contact with Pat Martin re: plat and other information re: 641 project.	.35	43.75
	WWD Receipt and review Eminent Domain Practice and Procedure in Indiana from Attorney General's Office.	1.25	156.25
	WWD Telephone conference with John S. Newlin to coordinate pre-trial meeting.	.25	31.25
05/11/05	WWD Meet with State's expert witness, John Newlin.	1.00	125.00
	WWD Meet with defendant's attorney at his office to view trial exhibits.	1.25	156.25
	WWD Additional communication with John Newlin re: flood plain issues.	.35	43.75
	WWD Communicate with lead counsel, Larry Miedema.	.60	75.00
	WWD Prepare for today's meeting with John Newlin (expert witness).	.75	93.75
	WWD Prepare for and meet with State's expert witness, Brian Conley.	1.50	187.50
	WWD Prepare for and meet with defendant's expert, Johnny Swalls, at his office in Farmersburg.	2.75	343.75
	WWD Prepare Supplemental Motion in Limine re: flood plan issue.	.60	75.00
	WWD Receipt and review Request for Preliminary Jury Instructions.	.60	75.00
	WWD Receipt and review Request for Final Jury Instructions.	.30	37.50

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

7073 001  
State of Indiana  
State of Indiana v. Decker

MAY 26, 2005  
REF NO. 055073

PAGE 3

DATE	DESCRIPTION	HOURS	AMOUNT
	WWD Telephone conference with Pat Martin, Transportation Planner for Vigo County.	.35	43.75
05/12/05	WWD Receipt and review fax from Larry Miedema.	.15	18.75
	WWD Telephone conference with Larry Miedema re: trial strategy.	.40	50.00
	WWD Telephone conference with Pat Martin of West Central Economic Development re: trial exhibits.	.30	37.50
	WWD Telephone conference with Pat Martin.	.30	37.50
	WWD Telephone conference with Attorney McDonald re: exhibits; fax copy of missing page to him.	.20	25.00
05/13/05	WWD Make arrangements to create trial exhibits.	1.75	218.75
	WWD Obtain, review and annotate Johnny Swalls recent sales.	1.25	156.25
	WWD Analysis of replacement housing payment, residential move payment, business move payment, business re-establishment payment; receipt/review Newlin desk review.	1.50	187.50
	WWD Communicate with Larry Miedema re: trial strategy.	.75	93.75
	WWD Prepare for and meet with Pat Martin re: U.S. 641 and local transportation plan for Canal Road.	2.25	281.25
	WWD Review additional documents provided by State and Pat Martin.	.75	93.75
	WWD Review photos provided by John Newlin.	.60	75.00
	WWD Telephone conference with Mike Ofsansky re: his trial testimony next week.	.40	50.00
05/16/05	WWD Continue work on Opening Statement.	2.00	250.00
	WWD Communicate with Court re: Motion in Limine hearing.	.30	37.50
	WWD Communicate with Larry Miedema.	.40	50.00
	WWD Prepare for and meet with State's expert witness, Howard Junker.	1.75	218.75
	WWD Prepare for and meet with State's expert witness, Michael Ofsansky.	1.75	218.75
	WWD Receipt and review Defendant's Trial Brief re: corral.	.40	50.00

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

7073 001  
State of Indiana  
State of Indiana v. Decker

MAY 26, 2005  
REF NO. 055073

PAGE 4

DATE	DESCRIPTION	HOURS	AMOUNT
	WWD Receipt and review additional photos from Galloway Photo.	.40	50.00
05/17/05	WWD Continue work on Opening Statement and Voir Dire.	3.50	437.50
	WWD Appear for hearing on contested Motion in Limine.	1.50	187.50
	WWD Consult with Larry Miedema.	.60	75.00
	WWD Assemble documents for defendant's attorney.	.40	50.00
	WWD Finalize trial presentation.	.75	93.75
	WWD Prepare for today's hearing on Motions in Limine.	.60	75.00
05/18/05	WWD Finish final preparation for and in Jury Trial of case - Day #1; prepare for Day #2.	11.00	1,375.00
05/19/05	WSF Serve Mike Ofsansky with subpoena for 5/20/05.	.50	50.00
	WWD In Jury Trial of case - Day #2; prepare for Day #3.	10.75	1,343.75
	WWD Multiple telephone conferences with Mike Ofsansky re: testimony at trial and problem with time scheduled to appear.	.30	37.50
	WWD Telephone conferences with witnesses, John Newlin, Brian Conley, Mike Ofsansky and Howard Junker to coordinate actual times for their testimony at trial.	.40	50.00
05/20/05	WWD Correspondence to Larry Miedema.	.20	25.00
	WWD Outline Final Argument; confer with final three State witnesses and in Jury Trial of case - Day #3.	9.75	1,218.75
	WWD Receipt and review statement from Rapid Reproductions for preparation of trial exhibits.	.10	12.50
	WWD Telephone conference with John Newlin.	.35	43.75
05/23/05	WWD Return call to Judge Newton re: judgment entry.	.30	37.50
	WWD Assemble key exhibits for return to Area Planner Pat Martin.	.70	87.50
	WWD Assemble and organize trial materials for the future U.S. 641 trials.	.60	75.00
	WWD Return call to Brian Conley.	.45	56.25

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

7073 001  
State of Indiana  
State of Indiana v. Decker

MAY 26, 2005  
REF NO. 055073

PAGE 5

DATE	DESCRIPTION	HOURS	AMOUNT
	TOTAL SERVICES RENDERED	85.55	\$ 10,681.25
DISBURSEMENTS			
05/11/05	Mileage to property site meeting with Highway Engineer.		5.67
05/12/05	Mileage - Meet with Johnny Swalls - Defendant's Expert (55.4 miles)		22.44
05/17/05	Aerial map from Area Planning.		3.00
05/19/05	Witness Fee - Michael Ofsansky.		50.00
	TOTAL DISBURSEMENTS		\$ 81.11
	TOTAL NEW CHARGES		\$ 10,762.36

RECAP OF FEES BILLED

Frankel, William S.	0.50 Hrs	50.00
Drummy, William W.	85.05 Hrs	10,631.25
TOTAL	85.55 Hrs	\$ 10,681.25

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <b>C800 37770193124</b>		DATE (MM,DD,YY) <b>6/14/05</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>WILKINSON LAW FIRM, LLP</b>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <b>333 Ohio Street</b>				FEDERAL I.D. NUMBER <b>[REDACTED]</b>						
<b>PO BOX 800</b>				VENDOR NUMBER						
CITY <b>Terre Haute</b>		STATE <b>IN</b>		ZIP <b>47808</b>		PARCEL <b>19/3777</b>				
				PROJECT <b>STP-291-10027</b>		DES NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION					
<b>06/14/05</b>	<b>10,681.25</b>	<b>4000</b>	<b>561300</b>	<b>108610</b>	<b>NC</b>					
					Check Delivery: Send <input type="checkbox"/> res <input type="checkbox"/> See Reverse					
GROSS AMOUNT <b>\$ 10,681.25</b>				DOC I.D.: <b>PV 800 37770193124</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<b>253124</b>	<b>401</b>	<b>800</b>	<b>0093</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>01</b>	<b>8136.25</b>
02	<b>253124</b>	<b>405</b>	<b>800</b>	<b>0093</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>01</b>	<b>8545.00</b>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE										
Recommended Approval: <b>Ronnie R. Midema 6-13-05</b>				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR <b>Approved Division of Land Acquisition</b>				DATE Approved, Indiana Department of Transportation						
DIVISION CHIEF				DATE <b>6/14/05</b>						
DATE				DIVISION CHIEF						



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

June 27, 2005

Wilkinson Law Firm, LLP  
333 Ohio St.  
P.O. Box 800  
Terre Haute, IN 47808

Enclosed please find State Warrant 10249794 dated 06/21/2005 Invoice No. 253124

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Fee</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1(002)</u>	
Code: <u>3777</u> Parcel: <u>19</u>	
County: <u>Vigo</u>	<u>\$ 10,681.25</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: Roxann Gable, Bookkeeper

Date: 6/28/05

SLC:ms



## Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 233-9146

March 29, 2005

Mr. James McDonald  
RE: State v. Stephen M. Decker  
648 Walnut St  
Terre Haute, IN 47808-8328

RE: State v. Stephen M. Decker

Dear Mr. Felling:

In accordance with a Vigo County Court order the Indiana Department of Transportation deposited with the Clerk of Courts the amount of \$234,500 for the appropriation of property owned by Mr. Decker. Upon notification from the Clerk of Courts of Vigo County that the amount had been received on November 24, 2004, INDOT issued to Mr. Decker a notice to vacate by January 14, 2005. Since that time we have been unsuccessfully attempting to arrange conditions for a later date.

We have not heard from you or Mr. Decker.

Enclosed is a new lease beginning April 1 and extending through June 30, 2005. I must have the lease signed and returned with the first month's rent not later than April 8, 2005. If we have not received the lease and payment by April 8, 2005, INDOT will initiate the process to ask the court for an order of ejectment.

Sincerely,

A handwritten signature in cursive script that reads "Alan B. Curson".

Alan B. Curson  
Acquisition Assistance Manager  
Division of Land Acquisition  
317-233-9146

cc: Steve Catron  
Ryan Hoff  
Larry Miedema  
Representative Vern Tincher  
Senator John M. Waterma

1-800-PICK-UPS® (1-800-742-5877) or visit [UPS.com](http://UPS.com)®

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TRACKING NUMBER **1Z F38 W13 22 1005 160 4**

**1 SHIPMENT FROM**

SHIPPER'S UPS ACCOUNT NO. **F 3 8 W 1 3**

REFERENCE NUMBER

NAME **Alan Cusspress HARD**

COMPANY **IND DEPT OF TRANSP**

STREET ADDRESS **100 N SENATE AVE**

CITY AND STATE **INDIANAPOLIS IN**

ZIP CODE **46204 2273**

**2 EXTREMELY URGENT DELIVERY TO**

NAME **James Mc Arnold** TELEPHONE

COMPANY **McCormick & Co. Stee V. Stephen M. Decker**

STREET ADDRESS **648 Walnut St.** DEPT./FLR.

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL)

**Terre Haute IN**



Apply shipping documents on this side.

Do not use this envelope for:

- UPS Ground
- UPS Standard
- UPS 3 Day Select™

<b>3</b>	WEIGHT ENTER "LTR" IF LETTER	DIMENSIONAL WEIGHT If Applicable	SHIPPER'S COPY
<b>4</b>	TYPE OF SERVICE <input checked="" type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> EXPRESS (RNL) <input type="checkbox"/> DOCUMENTS	FOR WORLDWIDE EXPRESS SHIPMENTS Mark an "X" in the box if shipment only contains documents of no commercial value. <input type="checkbox"/> SATURDAY PICKUP <input type="checkbox"/> SATURDAY DELIVERY	CHARGES
<b>5</b>	OPTIONAL SERVICES <input type="checkbox"/> INSURED VALUE <input type="checkbox"/> COD <input type="checkbox"/> An Additional Handling Charge applies for certain items. See instructions.	AMOUNT	
<b>6</b>	ADDITIONAL HANDLING CHARGE	AMOUNT	
<b>7</b>	TOTAL CHARGES	\$	
<b>8</b>	RECEIVERS / THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.	EXPIRATION DATE	
THIRD PARTY'S COMPANY NAME			
STREET ADDRESS			
CITY AND STATE			
ZIP CODE			
SHIPPER'S SIGNATURE <b>X</b>			
DATE OF SHIPMENT			

0101911202809 6/00 MW

Shipping Notice — Carriage hereunder may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the International Carriage of Goods by Road (the "CMR Convention"). These commodities, technology or software were exported from the U.S. in accordance with the Export Administration Regulations. Diversion contrary to U.S. law prohibited.

0101915112 02/04 RT United Parcel Service, Louisville, KY



**UPS Next Day Air<sup>SM</sup>**  
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**Shipping Document**

See instructions on back. Call 1-800-PICK-UPS (800-742-5877) for additional information.

TRACKING NUMBER **1Z F38 W13 22 1005 184 6**

**1 SHIPMENT FROM**

SHIPPER'S UPS ACCOUNT NO. **F 3 8 W 1 3**

REFERENCE NUMBER

NAME **ALAN CURSASS HARD** TELEPHONE

COMPANY

**IND DEPT OF TRANSP**

STREET ADDRESS

**100 N SENATE AVE**

CITY AND STATE

**INDIANAPOLIS**

ZIP CODE

**IN 46204 2273**

**2 EXTREMELY URGENT DELIVERY TO**

NAME TELEPHONE

**Mr. DARRELL FELLING**

COMPANY

**RE: State v. Stephen M DECKER**

STREET ADDRESS

**P.O. Box 612 106 S. INDIANA**

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL)

**GREENCASTLE, IN**

ZIP CODE

**46135**



3	WEIGHT	WEIGHT ENTER "LTR" IF LETTER	DIMENSIONAL WEIGHT If Applicable		SHIPPER'S COPY
	4	TYPE OF SERVICE	<input checked="" type="checkbox"/> NEXT DAY AIR	<input type="checkbox"/> EXPRESS (INTL)	
5	OPTIONAL SERVICES	FOR WORLDWIDE EXPRESS SHIPMENTS Mark an "X" in this box if shipment only contains documents of no commercial value.	<input type="checkbox"/> DOCUMENTS ONLY		\$
		<input type="checkbox"/> SATURDAY PICKUP See instructions.	<input type="checkbox"/> SATURDAY DELIVERY See instructions.		
6	ADDITIONAL HANDLING CHARGE	<input type="checkbox"/> INSURED VALUE Contents are automatically protected up to \$100. For insured value over \$100, see instructions.	AMOUNT		\$
		<input type="checkbox"/> C.O.D. If C.O.D., enter amount to be collected and attach completed UPS C.O.D. tag to package.	AMOUNT		\$
7	METHOD OF PAYMENT	<input checked="" type="checkbox"/> BILL SHIPPER	<input type="checkbox"/> BILL RECEIVER Next Day Air Only	<input type="checkbox"/> BILL THIRD PARTY Air Only	<input type="checkbox"/> CREDIT CARD American Express Diner's Club MasterCard Visa
					<input type="checkbox"/> CHECK
8	RECEIVERS / THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.				EXPIRATION DATE
	THIRD PARTY'S COMPANY NAME				
	STREET ADDRESS				
	CITY AND STATE			ZIP CODE	
9	SHIPPER'S SIGNATURE	<b>X</b>			DATE OF SHIPMENT
					0101911202609 8/00 MW

1A92  
6/00  
1B92  
6/00

When a package is returned to sender, the shipper agrees that the package is not to be reshipped. The shipper certifies that these commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. If re-export to a U.S. user is prohibited.



## Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219  
FAX: (317)233-3055 - Writer's Direct Phone: (317) 233-9146

March 24, 2005

Mr. Darrell Felling  
RE: State v. Stephen M. Decker  
P.O. Box 612  
Greencastle, Indiana 46135

RE: State v. Stephen M. Decker

Dear Mr. Felling:

In accordance with a Vigo County Court order the Indiana Department of Transportation deposited with the Clerk of Courts the amount of \$234,500 for the appropriation of property owned by Mr. Decker. Upon notification from the Clerk of Courts of Vigo County that the amount had been received on November 24, 2004, INDOT issued to Mr. Decker a notice to vacate by January 14, 2005. Since that time we have been unsuccessfully attempting to arrange conditions for a later date.

We have not heard from you or Mr. Decker.

Enclosed is a new lease beginning April 1 and extending through June 30, 2005. I must have the lease signed and returned with the first month's rent not later than April 8, 2005. If we have not received the lease and payment by April 8, 2005, INDOT will initiate the process to ask the court for an order of ejectment.

Sincerely,

A handwritten signature in cursive script that reads "Alan B. Curson".

Alan B. Curson  
Acquisition Assistance Manager  
Division of Land Acquisition  
317-233-9146

*Put in Decker's  
lease folder  
SP*

cc: Steve Catron ✓  
Ryan Hoff  
Larry Miedema  
Representative Vern Tincher  
Senator John M. Waterman

# McDONALD LAW OFFICE, P.C.

JAMES O. McDONALD\*

JOLEEN V. KLOTZ

\*CERTIFIED IN CIVIL TRIAL ADVOCACY BY  
NATIONAL BOARD OF TRIAL ADVOCACY

FEDERAL ID #35-1844656

EVERETT, EVERETT & McDONALD

648 WALNUT STREET

POST OFFICE BOX 8328

TERRE HAUTE, INDIANA 47808-8328

NON ADVERTISING TRIAL LAWYERS

TELEPHONE: (812) 238-2456

FAX NUMBER: (812) 238-2458

E-MAIL ADDRESS:

jameso@mcdonaldlawoffice.com

April 7, 2005

Alan B. Curson  
Acquisition Assistance Manager  
Division of Land Acquisition  
100 North Senate Avenue, Room N955  
Indianapolis, IN 46204-2219

Re: State v. Stephen M. Decker

Dear Mr. Curson:

I am in receipt of your letter, dated March 29, 2005, addressed to Mr. Felling and your attachments.

Mr. Decker is in the process of vacating his home which the State has condemned and expects to be completed with his move prior to the scheduled trial date of the condemnation action in this matter, i.e. May 18, 2005.

Because Mr. Decker plans to vacate the property prior to June 1<sup>st</sup>, he objects to being required to lease the same until June 30, 2005.

Paragraph five (5) of your proposed lease is unacceptable. As written it would prohibit Mr. Decker from storing fuel in the farm fuel tank or from bringing onto the premises a bottle of beer or consuming any alcoholic beverages.

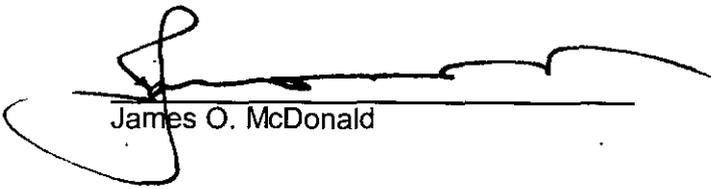
Paragraph eleven (11) of the lease requires Mr. Decker to obtain insurance for one million dollars per occurrence and three million per aggregate. This is unreasonable and burdensome to say the least. Especially this is so when I.C. 34-13-3-4 places the States limit of liability at only \$300,000.00.

I respectfully suggest that Mr. Decker be allowed to stay in place until May 17, 2005.

As a practical matter, by the time the State would file an action and obtain a hearing, May 17<sup>th</sup> will have come and gone and Mr. Decker will have vacated the premises.

Sincerely yours,

EVERETT, EVERETT & McDONALD



James O. McDonald

JOM/alw

cc: Larry Miedema  
Senator John Waterman  
Representative Vern Tincher



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

September 6, 2005

To: Wilkinson Law Firm, LLP  
333 Ohio Street  
P.O. Box 800  
Terre Haute, IN 47808-0008

Certified Mail No. 70030500000010861142

From: Stephen L. Catron, Supervisor  
Property Management Unit  
Division of Land Acquisition

RE: INDOT Project: STP-291-1(002) Code: 3777 Parcel: 19

Enclosed is state warrant No. 10352967 Dated 9-1-05 to satisfy the following voucher:

State of Indiana v. Stephen Decker  
Cause No. 84D04-0404-PL-3432

Expert Witness \$81.11

TOTAL \$81.11

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Land Acquisition-Property Management, 100 N. Senate Avenue, Room N-955, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Sylvia Regalado, AG Office  
Rex Garing, Land Acq.  
Kenny Franklin, Property Management

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>C80037770190462</i>		DATE (MM,DD,YY) <i>8-30-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>WILKINSON LAW FIRM LLP</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET)				FEDERAL ID NUMBER <i>[REDACTED]</i>						
CITY STATE ZIP				VENDOR NUMBER						
CITY		STATE		ZIP		PARCEL PROJECT DES NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>8/30/05</i>	<i>5111</i>	<i>4001</i>	<i>001300</i>	<i>12300</i>	<i>NC</i>					
					Check Delivery: Send <input type="checkbox"/> Yes <input type="checkbox"/> See Reverse					
GROSS AMOUNT		<i>1011</i>		DOC I.D.:		<b>PV 800</b> <i>2770190462</i>				
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>260462</i>	<i>400</i>	<i>800</i>	<i>INDOT</i>	<i>60100</i>	<i>488</i>	<i>015</i>	<i>2770190462</i>	<i>01</i>	<i>10.88</i>
<i>02</i>	<i>260462</i>	<i>400</i>	<i>800</i>	<i>INDOT</i>	<i>60100</i>	<i>488</i>	<i>015</i>	<i>2770190462</i>	<i>01</i>	<i>04.39</i>
<i>03</i>			<i>800</i>							
<i>04</i>			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony L. Hedge</i>		<b>AUG 31 2005</b>				
Recommended Approval:		<i>[Signature]</i>		INDOT DIVISION OF ACCOUNTING AND CONTROL		DATE				
ORIGINATOR		DATE		Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<i>[Signature]</i>		<b>8/30/05</b>				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				

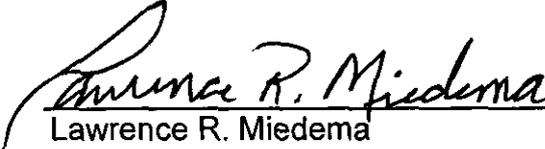
**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002)  19 3777	Vigo	WILKINSON LAW FIRM, LLP  333 Ohio Street PO Box 800 Terre Haute, IN 47808-0008  expert witness	\$81.11
			Total	\$81.11

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

7-30-05  
Date

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

E-mail: [wvdrummy@wilkinsonlaw.com](mailto:wvdrummy@wilkinsonlaw.com)

June 29, 2005

David H. Goeller  
Raymond H. Modesitt  
B. Curtis Wilkinson  
William W. Drummy  
Kelvin L. Roots  
John C. Wall  
William M. Olah  
Craig M. McKee  
Scott M. Kyrouac  
Jeffrey A. Boyll  
David P. Friedrich  
Jeffrey A. Lewellyn  
Tracy M. Weber\*  
William S. Frankel IV

\*also admitted in Illinois

Mr. Lawrence R. Miedema  
Attorney General's Office  
IGCS 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204

**Re: State of Indiana v. Stephen M. Decker, Terre Haute  
Savings Bank, and Vigo County, Indiana  
Cause No.: 84D04-0404-PL-3432**

Dear Larry:

Our bookkeeper has advised me that we recently received payment of our attorney's fees reflected on our May 26, 2005 statement. Thank you for this prompt payment!

I enclose herewith a copy of Page 5 of our May 26, 2005 statement which lists disbursements in the amount of \$81.11. We did not receive payment of these disbursements which I assume was an oversight. I would appreciate it if you would place the balance of \$81.11 in line for payment. Thanks.

Very truly yours,

FOR THE FIRM

  
William W. Drummy

WWD/lc  
Enclosure

333 Ohio Street  
P.O. Box 800  
Terre Haute, IN 47808-0800

Ph: 812-232-4311  
Fx: 812-235-5107

[www.wilkinsonlaw.com](http://www.wilkinsonlaw.com)

**WILKINSON, GOELLER, MODESTIT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

7073 001  
State of Indiana  
State of Indiana v. Decker

MAY 26, 2005  
REF NO. 055073

PAGE 5

DATE	DESCRIPTION	HOURS	AMOUNT
	TOTAL SERVICES RENDERED	85.55	\$ 10,681.25
DISBURSEMENTS			
05/11/05	Mileage to property site meeting with Highway Engineer.		5.67
05/12/05	Mileage - Meet with Johnny Swalls - Defendant's Expert (55.4 miles)		22.44
05/17/05	Aerial map from Area Planning.		3.00
05/19/05	Witness Fee - Michael Ofsansky.		50.00
	TOTAL DISBURSEMENTS		\$ 81.11
	TOTAL NEW CHARGES		\$ 10,762.36

RECAP OF FEES BILLED

Frankel, William S.	0.50 Hrs	50.00
Drummy, William W.	85.05 Hrs	10,631.25
TOTAL	85.55 Hrs	\$ 10,681.25

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>C80037770190462</i>		DATE (MM,DD,YY) <i>8-30-05</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>WILKINSON LAW FIRM, LLP</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <i>333 Ohio Street</i>				FEDERAL ID NUMBER <i>[REDACTED]</i>						
<i>PO Box 800</i>				VENDOR NUMBER						
CITY <i>Terre Haute</i>		STATE <i>IN</i>		ZIP <i>47808-0800</i>		PARCEL <i>19/3777</i>	PROJECT <i>STR 291-1(602)</i>			
						DES NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD/YY) <i>08/30/05</i>	AMOUNT <i>81.11</i>	FUND <i>4000</i>	OBJECT <i>561300</i>	CENTER <i>108610</i>	DESCRIPTION (1099 IND) <i>NC</i>					
				Check Delivery: Send <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse						
GROSS AMOUNT \$ <i>81.11</i>				DOC I.D.: PV 800 <i>37770190462</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>260462</i>	<i>401</i>	<i>800</i>	<i>DDMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>29110023</i>	<i>01</i>	<i>16.22</i>
<i>02</i>	<i>260462</i>	<i>405</i>	<i>800</i>	<i>DDMN</i>	<i>861600</i>	<i>488</i>	<i>613</i>	<i>29110023</i>	<i>01</i>	<i>64.89</i>
<i>03</i>			<i>800</i>							
<i>04</i>			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE										
Recommended Approval: <i>Barbara R. Miedema 7-20-05</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
ORIGINATOR Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF		DATE		<i>K. Miller</i>		<i>8/30/05</i>				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				

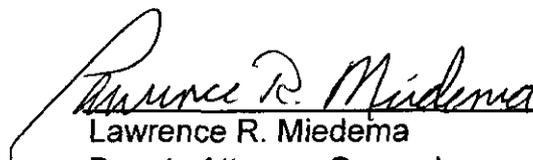
**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
US 641	STP-291-1(002) 19 3777	Vigo	Vigo County Clerk <b>VIGO COUNTY COURTHOUSE</b> Terre Haute 47808-8449	
			satisfaction of judgment	\$40,647.77
			Total	\$40,647.77

RE: State of Indiana v Stephen M. Decker  
84D04-0404-PL-3432

  
\_\_\_\_\_  
Lawrence R. Miedema  
Deputy Attorney General

7-20-05  
Date

STATE OF INDIANA )  
 ) SS:  
COUNTY OF VIGO )

IN THE VIGO SUPERIOR COURT  
CAUSE NO. 84D04-0404-PL-3432

STATE OF INDIANA, )  
 )  
Plaintiff, )  
v. )  
 )  
STEPHEN MARK DECKER, )  
TERRE HAUTE SAVINGS BANK, )  
and VIGO COUNTY, INDIANA, )  
 )  
Defendants. )

**RECEIVED**  
Patricia R. Mansard

JUN 15 2005

Clerk of the  
Vigo Circuit Court

**AMENDED JUDGMENT ON VERDICT**

The Court, having heard the evidence, examined the record, and being duly advised, now **finds**:

1. The Plaintiff filed its "Complaint for Appropriation of Real Estate" in this cause on April 22, 2004, and the Defendants named in the complaint were served with notice as provided by statute.
2. The Defendant, Stephen Mark Decker, appeared by counsel with no objection to this cause on May 13, 2004.
3. The Defendant, Vigo County, Indiana, appeared by counsel with no objection to this cause on May 19, 2004. Vigo County later disclaimed its interests in this cause.
4. The Defendant, Terre Haute Savings Bank, did not appear in this cause.
5. On July 1, 2004, the Court condemned the real estate described below, and appointed three disinterested freeholders of Vigo County, Indiana to assess the benefits and damages, if any, resulting from the Plaintiff's appropriation.
6. On September 22, 2004, the appointed freeholders reported to the Court that the Defendants were entitled to receive total just compensation of Two Hundred Thirty Thousand Dollars (\$230,000.00) due to the Plaintiff's appropriation.

7. The Plaintiff and the Defendant, Stephen Mark Decker, filed timely exceptions to the "Report of Appraisers" in this cause.

8. On November 24, 2004, the Plaintiff paid the court appointed freeholders' fees and deposited Two Hundred Thirty Thousand Dollars (\$230,000.00) with the Clerk of the Court.

9. On May 20, 2005, a jury returned a verdict for the Defendant, Stephen Mark Decker, and awarded him damages of Two Hundred Sixty-four Thousand Five Hundred Dollars (\$264,500.00).

10. The Defendant, Stephen Mark Decker, is now entitled to recover Two Hundred Sixty-four Thousand Five Hundred Dollars (\$264,500.00) in this cause, Two Hundred Thirty Thousand Dollars (\$230,000.00) of which has been paid to the Clerk of the Court, for the real estate interests appropriated and for the damages resulting from the appropriation; and the Plaintiff owes the Defendants no other consideration in this cause.

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Plaintiff, State of Indiana, now holds fee simple title, including all rights of possession, to the real estates described as:

Beginning at a point 610 feet West of the southeast corner of the North Half of the Southeast Quarter of Section 14, Township 11 North, Range 9 West, Vigo County, Indiana; thence, West 463 feet 6 inches; thence, due North to the center of Canal Road; thence, Southeasterly along the center of Canal Road to a point due North of the point of beginning, thence, South to the point of beginning, containing 18.50 acres, more or less, and

Beginning at the southeast corner of the North Half of the Southeast Quarter of Section 14, Township 11 North, Range 9 West, Vigo County, Indiana; thence, West 610 feet; thence, North approximately 100 rods to the center of Canal Road; thence, Southeasterly along the center of Canal Road to the junction of said road and the east line of Section 14; thence, South to the point of beginning, containing 21 acres, more or less.

Together with the permanent extinguishment of all rights and easements of ingress and egress to, from, and across the above-described real

estates, except any parts of said real estates not utilized in the limited access portion of the above-described project.

**IT IS FURTHER ORDERED, ADJUDGED, AND DECREED** that the Defendant, Terre Haute Savings Bank, is defaulted, that the Defendant, Vigo County, Indiana has disclaimed its interests, and that these two parties shall take nothing from this cause; that the Defendant, Stephen Mark Decker, shall recover damages of Two Hundred Sixty-four Thousand Five Hundred Dollars (\$264,500.00) together with interest of Three Thousand Six Hundred Forty-seven Dollars and Seventy-seven Cents (\$3647.77) and attorney fees of Two Thousand Five Hundred Dollars (\$2,500.00) as total just compensation in this cause, Two Hundred Thirty Thousand Dollars (\$230,000.00) of which has been paid to the Clerk of the Court; that the Plaintiff shall pay the Clerk of the Court Forty Thousand Six Hundred Forty-seven Dollars and Seventy-seven Cents; (\$40,647.77); and that the Clerk of the Court shall, on receipt of said funds, pay the Defendant, Stephen Mark Decker, Two Hundred Seventy Thousand Six Hundred Forty-seven Dollars and Seventy-seven Cents (\$270,647.77) and all the interest earned on the funds on deposit with the Court in full satisfaction of this judgment and all claims in this cause.

**IT IS FURTHER ORDERED** that the Clerk of the Court shall promptly send a certified copy of this "Amended Judgment on Verdict" to the Auditor and Recorder of Vigo County, Indiana; that the Auditor shall remove the above-described real estate from the tax records and rolls of the county and cancel all 2005 and subsequent years' taxes thereon; that the Recorder shall, pursuant to IC 8-23-7-31 and without payment of fee, record the transfer of the above-described real estate to the State of Indiana; and

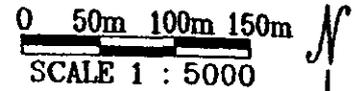
that the Recorder shall submit evidence of this recorded transfer, by United States mail,  
to the Office of the Attorney General of Indiana.

Court Date: June 13, 2005

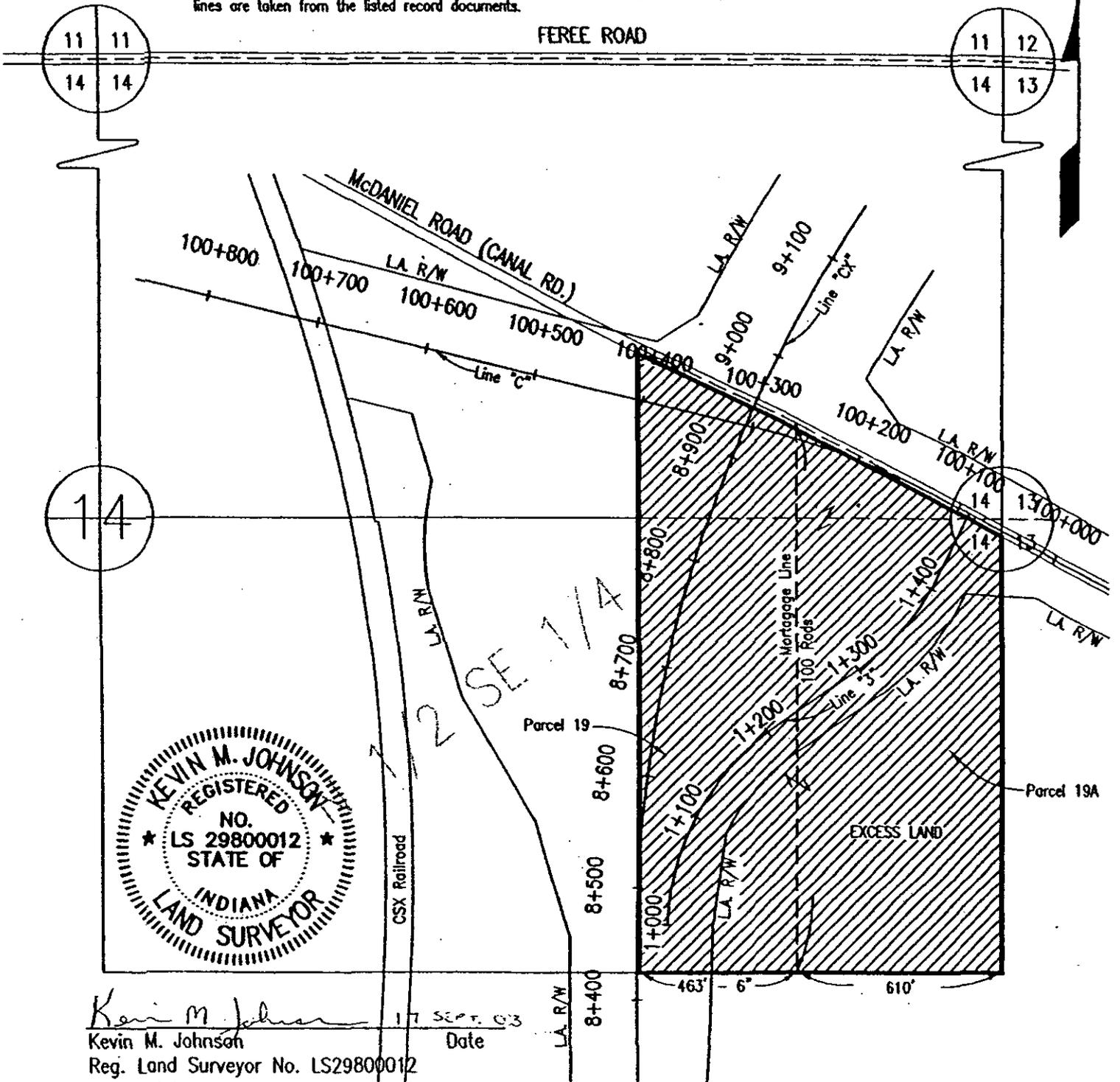
  
\_\_\_\_\_  
The Honorable Christopher A. Newton  
Judge, Vigo Superior Court

# RIGHT-OF-WAY PARCEL PLAT

Prepared for Indiana Department of Transportation  
by Bernardin Lochmueller & Associates, Inc. (Job No. 199-0305-ZES/ZESQ)

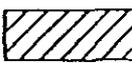


This plat was prepared using information obtained from the County records. It does not represent a survey of the owner's property. Dimensions shown along the existing property lines are taken from the listed record documents.



*Kevin M. Johnson*  
Kevin M. Johnson  
Reg. Land Surveyor No. LS2980012  
State of Indiana  
17 SEPT. 03  
Date

Rev. 9/17/2003 Changed Parcel to a total take with Excess Land K.M. Johnson

PARCEL: 19	OWNER: Decker, Stephen M.	DRAWN BY: K.M. Johnson 6/18/2002
CODE: 3777		CHECKED BY: R.F. Lewis 7/9/2002
PROJECT: STP-291-1(002)		DES. NO.: 9138220
ROAD: U.S.R. 641	 <b>HATCHED AREA IS THE APPROXIMATE TAKING</b>	<b>DEED RECORD 416, PAGE 707, DATED 12/16/88</b> " " 441, " 2949, " 12/22/95
COUNTY: Vigo		
SECTION: 14	NOTE: PROPERTY LINE DIMENSIONS ARE SHOWN IN ENGLISH	
TOWNSHIP: 11 N.		
RANGE: 9 W.		

Copies to:

Lawrence R. Miedema,  
Deputy Attorney General  
402 West Washington Street  
Indianapolis, Indiana 46204-2770

William W. Drummy  
Post Office Box 800  
333 Ohio Street  
Terre Haute, Indiana 47808

James O. McDonald  
Post Office Box 8328  
648 Walnut Street  
Terre Haute, Indiana 47808

Timothy E. Fears  
Post Office Box 8448  
500 Ohio Street  
Terre Haute, Indiana 47808

Gus Sacopulos  
676 Ohio Street  
Terre Haute, Indiana 47807

The Honorable James W. Bramble  
Auditor, Vigo County, Indiana  
1313 Oak Street  
Terre Haute, Indiana 47807

The Honorable *RAY WATTS*  
Recorder, Vigo County, Indiana  
199 Oak Street  
Terre Haute, Indiana 47807

SC: 231178



**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
US 41	STP-291-1(002) 19 3777	Vigo	Wilkinson, <i>COW RIMM</i> LLP  333 Ohio Street PO Box 800 Terre Haute IN 47808  <i>ATTORNEY witness FEES</i>	\$10,681.25
			Total	\$10,681.25

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

*Lawrence R. Miedema*

Lawrence R. Miedema  
Deputy Attorney General

*6-10-05*

Date

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002)  19 3777	Vigo	WILKINSON LAW FIRM, LLP  333 Ohio Street PO Box 800 Terre Haute, IN 47808-0008  expert witness	\$81.11
			Total	\$81.11

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

7-30-05  
Date

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

David H. Goeller  
Raymond H. Modesitt  
B. Curtis Wilkinson  
William W. Drummy  
Kelvin L. Roots  
John C. Wall  
William M. Olah  
Craig M. McKee  
Scott M. Kyroutac  
Jeffrey A. Boyll  
David P. Friedrich  
Jeffrey A. Lewellyn  
Tracy M. Weber\*  
William S. Frankel IV

\*also admitted in Illinois

George O. Dix  
1874-1968

Floyd E. Dix  
1895-1974

D. Joe Gabbert  
1929-1978

Lloyd C. Adamson  
1909-1981

Thomas M. Patrick  
1916-1989

Myrl O. Wilkinson  
1932-1997

E-mail: [wvdrummy@wilkinsonlaw.com](mailto:wvdrummy@wilkinsonlaw.com)

June 29, 2005

Mr. Lawrence R. Miedema  
Attorney General's Office  
IGCS 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204

**Re: *State of Indiana v. Stephen M. Decker, Terre Haute  
Savings Bank, and Vigo County, Indiana*  
Cause No.: 84D04-0404-PL-3432**

Dear Larry:

Our bookkeeper has advised me that we recently received payment of our attorney's fees reflected on our May 26, 2005 statement. Thank you for this prompt payment!

I enclose herewith a copy of Page 5 of our May 26, 2005 statement which lists disbursements in the amount of \$81.11. We did not receive payment of these disbursements which I assume was an oversight. I would appreciate it if you would place the balance of \$81.11 in line for payment. Thanks.

Very truly yours,

FOR THE FIRM

  
William W. Drummy

WWD/llc  
Enclosure

333 Ohio Street  
P.O. Box 800  
Terre Haute, IN 47808-0800

Ph: 812-232-4311  
Fx: 812-235-5107

[www.wilkinsonlaw.com](http://www.wilkinsonlaw.com)

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

7073 001  
State of Indiana  
State of Indiana v. Decker

MAY 26, 2005  
REF NO. 055073

PAGE 5

DATE	DESCRIPTION	HOURS	AMOUNT
	TOTAL SERVICES RENDERED	85.55	\$ 10,681.25
DISBURSEMENTS			
05/11/05	Mileage to property site meeting with Highway Engineer.		5.67
05/12/05	Mileage - Meet with Johnny Swalls - Defendant's Expert (55.4 miles)		22.44
05/17/05	Aerial map from Area Planning.		3.00
05/19/05	Witness Fee - Michael Ofsansky.		50.00
	TOTAL DISBURSEMENTS		\$ 81.11
	TOTAL NEW CHARGES		\$ 10,762.36

RECAP OF FEES BILLED

Frankel, William S.	0.50 Hrs	50.00
Drummy, William W.	85.05 Hrs	10,631.25
TOTAL	85.55 Hrs	\$ 10,681.25

**INDIANA DEPARTMENT OF TRANSPORTATION**

Real Estate Section  
100 N. Senate Avenue Room N642  
Indianapolis, IN 46204

**OVERPAYMENT**

TO: **CASHIER**  
Accounting and Control

FROM: **KATHY J. HEISTAND** *KJH*  
Real Estate Section  
Services Unit

RE: State of Indiana v. Stephen M. Decker, Terre Haute Savings Bank and  
Vigo County

Attached is a check from Wilkinson, Goeller, Modesitt, Wilkinson, & Drummy, LLP, a law firm from Terre Haute, which is the result of a duplicate payment to their company from INDOT.

Cause No.	84D04-0404-PL-3432
Invoice No.	37770192229
Check Amount	\$106.25

*Gladys -  
The cashier will  
need the same info  
that we use for  
court refunds ie  
proj #, party, etc*

*Kathleen*

Condemned Parcel Maintenance for Buying



Project No:	STP-291-1[2]	Code No:	3777	Main Des Cd:	9138220
Parcel Number:	19	Parcel County:	VIGO	Road No:	STATE ROAD 641
Parcel Status:	CLEAR PRIME	Packet Location:	BUY - AG-CONDEMNATION		
Owner:	DECKER, STEPHEN M.	5639 MCDANIEL RD			
	TERRE HAUTE	IN	47802	(812)696-2729	
Property Location: 5639 MCDANIEL RD, TERRE HAUTE: 1000' E OF CSX RR					

Condemned Amount:	\$171,000.00	Condemned Date:	02/16/2004
Dep. Attorney General:	MIEDEMA		
Attorney General Arrival:	04/22/2004	Complaint Filed Date:	04/23/2004
		Right Of Entry Date:	00/00/0000
Cause No:	84D04-0404-PL-0342	Venue Cause No:	
Venue County:	<input type="text"/>	Order Apprpr. Date:	07/01/2004
		Court Apprsl. Date:	09/02/2004
Court Award:	\$230,000.00	Court Apprsr Fee:	\$4,500.00
Legal Fee:	\$2,500.00	Interest Amount:	\$3,647.77
Judgment Date:	07/01/2005	Judgement Adjustment:	\$34,500.00
Money Posted Date:	11/24/2004	Judgment Type:	V <input type="text"/>
Remarks:	MONEY PAID DN 8-1-05, ACT JUDG DT 6/13/05		

Code 3777  
Parcel 19

**INDIANA DEPARTMENT OF TRANSPORTATION**  
Real Estate Section  
100 N. Senate Avenue Room N642  
Indianapolis, IN 46204

**OVERPAYMENT**

TO: **CASHIER**  
Accounting and Control

FROM: **KATHY J. HEISTAND** *KJH*  
Real Estate Section  
Services Unit

RE: State of Indiana v. Stephen M. Decker, Terre Haute Savings Bank and  
Vigo County

Attached is a check from Wilkinson, Goeller, Modesitt, Wilkinson, & Drummy, LLP, a law firm from Terre Haute, which is the result of a duplicate payment to their company from INDOT.

Cause No.	84D04-0404-PL-3432
Invoice No.	37770192229
Check Amount	\$106.25

Gladys -  
The cashier will need the same info that we use for court refunds ie proj #, pty, etc  
Kathleen

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

E-mail: [wwdrummy@wilkinsonlaw.com](mailto:wwdrummy@wilkinsonlaw.com)

May 22, 2006

Mr. Alan B. Curson  
Property Manager, Office of Real Estate  
Indiana Dept. of Transportation  
100 N. Senate Avenue, Room N955  
Indianapolis, IN 46204-2219

**Re: State of Indiana v. Stephen M. Decker, Terre Haute  
Savings Bank, and Vigo County, Indiana  
Cause No.: 84D04-0404-PL-3432**

Dear Alan:

Our bookkeeper has recently brought to my attention that we have received duplicate payment of our September 2, 2005 invoice in the amount of \$106.25. The EFT payments we received are as follows:

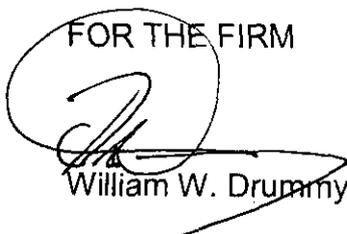
04/25/06	Acct #1406124	\$106.25
04/28/06	Acct #1406124	\$106.25

I have attached copies of each Notification of EFT Deposit which we received for your review, along with a copy of our original invoice.

I also enclose herewith our check in the amount of \$106.25 returning the duplicate payment to you. Please call if you have any questions.

Very truly yours,

FOR THE FIRM

  
William W. Drummy

WWD/lc  
Enclosures

David H. Goeller  
Raymond H. Modesitt  
B. Curtis Wilkinson  
William W. Drummy  
Kelvin L. Roots  
John C. Wall  
William M. Olah  
Craig M. McKee  
Scott M. Kyrouac  
Jeffrey A. Boyll  
David P. Friedrich  
Jeffrey A. Lewellyn  
Tracy M. Weber\*  
William S. Frankel IV\*

\*also admitted in Illinois

George O. Dix  
1874-1968

Floyd E. Dix  
1895-1974

D. Joe Gabbert  
1929-1978

Lloyd C. Adamson  
1909-1981

Thomas M. Patrick  
1916-1989

Myrl O. Wilkinson  
1932-1997

333 Ohio Street  
P.O. Box 800  
Terre Haute, IN 47808-0800

Ph: 812-232-4311  
F: 812-235-5107

[www.wilkinsonlaw.com](http://www.wilkinsonlaw.com)

100 TRANSPORTATION, DEPARTMENT OF >\*NOTIFICATION OF EFT DEPOSIT\*< 01667059

BANK NAME: FIRST FINANCIAL BANK PAYMENT FOR INVOICE # 37770192229  
RBA # 074900356 ACCOUNT # 1406124 FUND CENTER AGY  
DEPOSIT WAS MADE ON 04/28/2006 FOR \*\*\*\*\*106.25 4000 108610 800  
ADDT'L INFO: 262229

WILKINSON LAW FIRM, LLP  
333 OHIO ST PO BOX 800  
TERRE HAUTE, IN

47808

FROM THE OFFICE OF:  
AUDITOR OF STATE OF INDIANA  
ROOM 240 STATE CAPITOL BLDG  
INDIANAPOLIS IN 46204  
CONNIE NASS AUDITOR

800 TRANSPORTATION, DEPARTMENT OF >\*NOTIFICATION OF EFT DEPOSIT\*< 01661492

BANK NAME: FIRST FINANCIAL BANK PAYMENT FOR INVOICE # 37770192173  
RBA # 074900356 ACCOUNT # 1406124 FUND CENTER AGY  
DEPOSIT WAS MADE ON 04/25/2006 FOR \*\*\*\*\*106.25 4000 108610 800  
ADDT'L INFO: 262173

WILKINSON LAW FIRM, LLP  
333 OHIO ST PO BOX 800  
TERRE HAUTE, IN

47808

FROM THE OFFICE OF:  
AUDITOR OF STATE OF INDIANA  
ROOM 240 STATE CAPITOL BLDG  
INDIANAPOLIS IN 46204  
CONNIE NASS AUDITOR

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

MARCH 27, 2006

7073 001 WWD  
State of Indiana  
IGCS 5th Floor  
302 West Washington Street  
Indianapolis, IN 46204  
ATTN: Lawrence Miedema

State of Indiana v. Decker

DATE	DESCRIPTION	AMOUNT
BALANCE BROUGHT FORWARD		
05/26/05	Invoice Number 55073	10,762.36
06/28/05	Payment	10,681.25
09/02/05	Invoice Number 56706	106.25
09/14/05	Payment	81.11
	TOTAL BALANCE DUE	\$ 106.25

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

01667059  
7-26-06

State Form 9929 (R77-03) Approved by State Board of Accounts, 1999.

Instructions: This agency is requesting disclosure of your Social Security number in accordance with LC: 4-1-8.

VENDOR INFORMATION		AGENCY INFORMATION	
DOCUMENT NUMBER C800 37770192229	DATE (MM,DD,YY) 4-24-06	AGENCY NAME INDOT	AGENCY NUMBER 800
VENDOR NAME Wilkinson LAW FIRM LLP		SOCIAL SECURITY NUMBER	
ADDRESS (NUMBER, STREET) 833 CHIC ST 2D BOX 800		FEDERAL ID NUMBER	
CITY TORRE HAUKE, IN		VENDOR NUMBER	
STATE IN	ZIP 47806	PARCEL 1913777	PROJECT BIP341-1(02)
DES NUMBER			

AREA BELOW TO BE COMPLETED BY AGENCY					
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION / 1099 IND
04/20/06	106.25	4000	561300	108610	NC
					Check Delivery
					Send Yes See Reverse

GROSS AMOUNT: 1106.25      DOC ID: PV 800 37770192229

INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	262289	401	800	DDMN	861600	488	613	2910023	02	21.25
02	262229	405	800	DDMN	861600	488	613	2910023	02	85.00
03			800							
04			800							

CLAIMANTS	LEINHOLDERS
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.	I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:

DATE	BUSINESS NAME	Date	LEINHOLDER NAME
DATE		Date	LEINHOLDER NAME
DATE		Instrument Approved as to Form, preliminary only. Excepting Real Estate Description.	
DATE		DEPUTY ATTORNEY GENERAL	DATE
DATE		I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.	
DATE		<i>Tony P. Hedge</i>	APR 23 2006

Recommended Approval: <i>Robert R. Meadows</i> 4-11-06	INDOT DIVISION OF ACCOUNTING AND CONTROL DATE
ORIGINATOR: <i>Robert R. Meadows</i> DATE	Approved, Indiana Department of Transportation
Approved Division of Land Acquisition	<i>[Signature]</i> 4-24-06
DIVISION CHIEF DATE	DIVISION CHIEF DATE

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

01667059

Y-26-06

State Form 9929 (R7/7-03) Approved by State Board of Accounts - 1999

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER C800 <b>37770192229</b>	DATE (MM,DD,YY) <b>4-24-08</b>	AGENCY NAME <b>INDOT</b>	AGENCY NUMBER <b>800</b>	SOCIAL SECURITY NUMBER						
VENDOR NAME <b>LAW FIRM LLP</b>		FEDERAL I.D. NUMBER <b>[REDACTED]</b>				VENDOR NUMBER				
ADDRESS (NUMBER, STREET)				CITY STATE ZIP						
PARCEL				PROJECT		DES NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION / 1099 IND					
<b>04/20/08</b>	<b>106.25</b>	<b>4000</b>	<b>561300</b>	<b>108610</b>	<b>NC</b>					
				Check Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">See Reverse</span>						
GROSS AMOUNT <b>106.25</b>				DOC I.D.: PV 800 <b>37770192229</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<b>01</b>	<b>262229</b>	<b>401</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>02</b>	<b>21.25</b>
<b>02</b>	<b>262229</b>	<b>405</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>02</b>	<b>85.00</b>
<b>03</b>			<b>800</b>							
<b>04</b>			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<b>Tony P Hedge</b>		<b>APR 25 2008</b>				
Recommended Approval: <b>[Signature]</b>				INDOT DIVISION OF ACCOUNTING AND CONTROL		DATE				
ORIGINATOR <b>[Signature]</b> DATE <b>4-24-08</b>				Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<b>[Signature]</b>		<b>4-24-08</b>				
DIVISION CHIEF				DATE		DIVISION CHIEF				
DATE				DATE		DATE				



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:  
May 1, 2006

(317) 233-9146

To: Wilkinson Law Firm LLP  
833 Ohio Street  
PO Box 800  
Terre Haute, Indiana 47808

Certified Mail No. \_\_\_\_\_

From: Alan B. Curson  
Property Manager  
Office of Real Estate

RE: INDOT Project: STP-291-1(002) Code: 3777 Parcel: 19

Enclosed is state warrant No. Direct Deposit Dated April 26, 2006 to satisfy the following voucher:

State of Indiana v. Stephen Decker  
Cause No. 84D04-0404-PL-3432

Local Counsel \$ 106.25

TOTAL \$ 106.25

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Office of Real Estate, Property Management, 100 N. Senate Avenue, Room N-642, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Amy Lafon, AG Office  
Beverly Cox, Real Estate  
Property Management

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

ROAD	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002)  19 3777	Vigo	<i>WILKINSON LAW FIRM LLP</i> 333 Ohio Street PO Box 800 Terre Haute In 47808-0800	
			local counsel	\$106.25
			Total	\$106.25

RE: State of Indiana v Stephen Decker  
84D04-0404-PL-3432

*Lawrence R. Miedema*  
 \_\_\_\_\_  
 Lawrence R. Miedema  
 Deputy Attorney General

*4-11-06*  
 \_\_\_\_\_  
 Date

**WILKINSON, GOELLER, MODESITT,  
WILKINSON & DRUMMY, LLP**

*Attorneys At Law*

MARCH 27, 2006

7073 001 WWD  
State of Indiana  
IGCS 5th Floor  
302 West Washington Street  
Indianapolis, IN 46204  
ATTN: Lawrence Miedema

State of Indiana v. Decker

DATE	DESCRIPTION	AMOUNT
BALANCE BROUGHT FORWARD		
05/26/05	Invoice Number 55073	10,762.36
06/28/05	Payment	10,681.25-
09/02/05	Invoice Number 56706	106.25
09/14/05	Payment	81.11-
	TOTAL BALANCE DUE	\$ 106.25

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R77-03) Approved by State Board of Accounts - 1999

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER C800 <b>37770192229</b>		DATE (MM,DD,YY) <b>4-24-06</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Wilkinson LAW FIRM LLP</b>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <b>333 Ohio St., PO BOX 800</b>				FEDERAL I.D. NUMBER <b>[REDACTED]</b>						
CITY <b>TERRE HAUTE, IN.</b>				STATE <b>IN.</b>		ZIP <b>47808</b>				
PARCEL <b>19/3777</b>		PROJECT <b>STR-291-1(002)</b>		DES NUMBER						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY) <b>04/20/06</b>	AMOUNT <b>106.25</b>	FUND <b>4000</b>	OBJECT <b>361300</b>	CENTER <b>108610</b>	DESCRIPTION / 1099 IND <b>NC</b>					
				Check Delivery : Send <input type="checkbox"/> Yes <input type="checkbox"/> See Reverse						
GROSS AMOUNT <b>\$106.25</b>				DOC I.D.: PV 800 <b>37770192229</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	262229	401	800	DDMN	861600	488	613	29110023	02	21.25
02	262229	405	800	DDMN	861600	488	613	29110023	02	85.00
03			800							
04			800							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				DATE						
Recommended Approval: <b>Laurence P. Medeiros 4-11-06</b>				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR <b>LAURENCE P. MIEDEMA</b> DATE				Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<b>[Signature]</b> DATE <b>4-24-06</b>						
DIVISION CHIEF				DATE						
DATE				DIVISION CHIEF						
DATE				DATE						



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:  
May 1, 2006

(317) 233-9146

To: Wilkinson Law Firm LLP  
833 Ohio Street  
PO Box 800  
Terre Haute, Indiana 47808

Certified Mail No. \_\_\_\_\_

From: Alan B. Curson  
Property Manager  
Office of Real Estate

RE: INDOT Project: STP-291-1(002) Code: 3777 Parcel: 19

Enclosed is state warrant No. Direct Deposit Dated April 26, 2006 to satisfy the following voucher:

State of Indiana v. Stephen Decker  
Cause No. 84D04-0404-PL-3432

Local Counsel \$ 106.25

TOTAL \$ 106.25

**PLEASE FURNISH FOR OUR FILES YOUR OFFICIAL RECEIPT FOR THIS AMOUNT. Send receipt to: Indiana Dept. of Transportation, Office of Real Estate, Property Management, 100 N. Senate Avenue, Room N-642, Indianapolis, Indiana 46204-2219, in the enclosed envelope.**

cc: Amy Lafon, AG Office  
Beverly Cox, Real Estate  
Property Management

**CHIEF ACCOUNTANT:**

These are transmitted herewith for payment, original and duplicate vouchers as follows:

**LEGAL DEPARTMENT**

S.R.	PROJECT# PARCEL# CODE	COUNTY	PAYEE	AMOUNT
U.S. 641	STP-291-1(002)	19 Vigo 3777	Wilinson LAW FIRM, LLP 330 Ohio St., PO BOX 800, Terre Haute, IN. 47808	
			expert witness	\$106.25
			Total	\$106.25

RE: State of Indiana v Decker  
84D04-0404-PL-3432

  
Lawrence R. Miedema  
Deputy Attorney General

2-21-06  
Date



VENDORID: 0350902122

ACH

PAYID: TAPE

ACTDT 03/29/2006

UPDDT 12/28/2005

NAME: WILKINSON LAW FIRM, LLP

ADDR: 333 OHIO ST PO BOX 800

ADDR: TERRE HAUTE, IN

ZIP: 47808

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

0166705

State Form 9929 (R7/7-03) Approved by State Board of Accounts, 1999

Instructions: This agency is requesting disclosure of your Social Security number in accordance with LC: 4-1-6.

Y-26-01

VENDOR INFORMATION			AGENCY INFORMATION		
DOCUMENT NUMBER CB00 <b>37770192229</b>	DATE (MM,DD,YY) <b>4/24/06</b>		AGENCY NAME <b>INDOT</b>	AGENCY NUMBER <b>800</b>	
VENDOR NAME <b>WILKINSON LAW FIRM LLP</b>			SOCIAL SECURITY NUMBER		
ADDRESS (NUMBER, STREET) <b>833 Ohio St PO BOX 800</b>			FEDERAL ID NUMBER		
			VENDOR NUMBER		
CITY <b>Terre Haute, IN</b>	STATE <b>IN</b>	ZIP <b>47808</b>	PARCEL <b>19/3777</b>	PROJECT <b>BIRJAM (W)</b>	DES NUMBER

AREA BELOW TO BE COMPLETED BY AGENCY					
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION / 1099 IND
<b>04/20/06</b>	<b>106.25</b>	<b>4000</b>	<b>361300</b>	<b>108610</b>	<b>NC</b>
					Check Delivery
					Send Yes See Reverse

GROSS AMOUNT **\$106.25** DOC ID: PV 800 **37770192229**

INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	AOTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<b>262229</b>	<b>401</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>02</b>	<b>21.25</b>
02	<b>262229</b>	<b>405</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>488</b>	<b>613</b>	<b>29110023</b>	<b>02</b>	<b>85.00</b>
03			<b>800</b>							
04			<b>800</b>							

CLAIMANTS	LEINHOLDERS
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.	I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above.
DATE BUSINESS NAME	Date LEINHOLDER NAME
DATE	Date LEINHOLDER NAME
DATE	Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.
DATE	DEPUTY ATTORNEY GENERAL DATE
DATE	I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.
DATE	<b>Tony P. Hedge</b> APR 25 2006

Recommended Approval: <b>Laurence R. Meadows</b> <b>4-11-06</b>	INDOT DIVISION OF ACCOUNTING AND CONTROL DATE
ORIGINATOR <b>LAURENCE R. MEADOWS</b> DATE	Approved, Indiana Department of Transportation
Approved Division of Land Acquisition	<b>K. M. [Signature]</b> <b>4/24/06</b>
DIVISION CHIEF DATE	DIVISION CHIEF DATE