RESOLUTION #\_\_\_\_-2022

Resolution to authorized signing of Quit Claim Deed for excess Righto of Way

Resolution offered by the Highway Committee

Resolved by the Board of Supervisors of Sauk County, Wisconsin:

**WHEREAS**, Sauk County was granted title or easement to a strip of land for the purpose of STH 60 right of way (see attached descriptions); and,

**WHERAS**, Wisconsin Statute s. 84.09(3)(b) requires that upon order of the Department of Transportation (DOT) the County shall transfer the above referenced lands to the DOT; and,

**WHEREAS,** the order of the DOT required that the County Clerk and Highway Committee sign the attached quitclaim deed; and,

**BACKGROUND:**

Lands for highway right of way were originally purchased buy the County Highway Committees for state highway construction. Wisconsin statute 84.09 states that lands purchase under Wisconsin State Statute 84.09 shall be conveyed to the state without charge by the county highway committee and county clerk in the name of the county when so ordered by the department.

**THEREFORE, BE IT RESOLVED,** by the Sauk county Board of Supervisors that the lands described in the attached order and quitclaim deed be transferred to the Wisconsin Department of Transportation pursuant to Wisconsin Statute s. 84.09(3)(b); and,

**BE IT FURTHER RESOLVED,** that the Sauk County Clerk and Highway Committee are authorized and directed to sign the attached quitclaim deed

Approved for presentation to the County Board by the Highway Committee, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ , 2021

Consent Agenda Item: [X] YES [ ] NO

Fiscal Impact: [X] None [ ] Budgeted Expenditure [ ] Not Budgeted

Vote Required: Majority = \_\_\_\_\_ 2/3 Majority = \_\_\_\_\_ 3/4 Majority = \_\_\_\_\_\_\_\_

The County Board has the legal authority to adopt: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ as reviewed by the Corporation Counsel, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Offered and passage moved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor

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 Supervisor

Fiscal Note:

MIS Note: