



FREMONT COUNTY BOUNDARY LINE ADJUSTMENT / LOT LINE ADJUSTMENT / VACATION OF INTERIOR LOT LINE APPLICATION

A Lot Line Adjustment (LLA) is normally an administrative process which allows for the adjustment of lot lines and adjoining easements between two or more adjacent properties, at least one of which has been legally platted as a lot of record.

A Boundary Line Adjustment (BLA) is normally an administrative process which allows for the adjustment of property lines and adjoining easements between two or more adjacent properties. All properties shall be a metes and bounds legal description.

A Vacation of Interior Lot Line (VILL) is normally an administrative process which allows for the vacation of interior lot lines and adjoining easements between two or more adjacent platted lots of record. A Vacation of Interior Lot Line application may be approved based on review of the Planning Director, where the proposed vacation does not substantially modify the originally platted subdivision

Under certain circumstances, approval of any application may require review by the Fremont County Planning Commission and approval by the Fremont County Board of County Commissioners. In such a circumstance an additional review fee is required.

The applicant shall provide **one (1) original document, one (1) copy, and an electronic copy (either CD or flash/thumb drive)** and all of its attachments at the time of application submittal. Also, an electronic copy (PDF) of all documents and drawings shall be supplied at time of submittal. **Only complete applications will be accepted.** After submittal, the Department will review the application and all attachments and prepare a Department Submittal Deficiency and Comment Letter (D & C Letter), which will state the submittal deficiencies that must be addressed by the applicant, Department comments and or questions about the application.

An application fee set by the Board of County Commissioners (Board) shall accompany this application. Contact Planning and Zoning Department for fee amount.

The Department of Planning and Zoning, Planning Commission, and or Board of County Commissioners may require additional information, documentation or evidence as deemed necessary by the same regarding this application.

Please mark which application you are applying for:

Lot Line Adjustment Boundary Line Adjustment Vacation of Interior Lot
Line and/or Easements

Once the property is established as "a" and "b", be sure to use the same reference throughout the application. This form was designed to accommodate two properties, if additional properties are involved please provide information on additional pages as attachments.

1. Please provide the name, mailing address, telephone number and e-mail address for each property owner of each property involved in the LLA/BLA/VILL application:

a. Name: Kenneth H. Tunstall & Stephanie A. Tunstall
Mailing Address: 541 Cok Lane, Howard CO 81233
Telephone Number: 719-942-4607 Facsimile Number: N/A
Email Address: Stephsquarters@yahoo.com

b. Name: Mary S. Francis \ Julia M. Bates, Paul C. Byars
Mailing Address: 151 Orchard Ln., Howard \ 676 Cty Rd 4, Howard
Telephone Number: 719-942-3516 \ 942-3553 Facsimile Number: N/A
Email Address: N/A \ jmbates@centurylink.net

c. Consulting Firm Name: Russell Surveying, Charles Russell PLS
Mailing Address: PO Box 746588, Arvada, CO 80006
Telephone Number: 720)308-4453 Facsimile Number: N/A
Email Address: russellsurvey@yahoo.com

2. The proposed plat title is Tunstall-Francis-Bates Boundary Adjustment

3. The total number of properties involved prior to this application are 4

4. The total number of lots as a result of this application are 3

5. Ratification:

As per the Fremont County Subdivision Regulations (XIV., F., 4.) an executed Ratification, Consent and Release Form (*forms are provided by the Department for execution*) shall be provided for each outstanding mortgage, deed of trust, lien, judgment or the like for each property involved in a LLA/BLA/VILL application prior to final approval by the Department. Will any property involved in this application require a form to be executed and submitted? Yes No

6. What is the current Zone District for each involved property? Zone verification may be completed through the Planning and Zoning Office prior to application submittal.

a. This property is located in the B Zone District.

b. This property is located in the AS / AS Zone District.

7. In accordance with the Fremont County Zoning Resolution (2.4.3), properties involved in a LLA/BLA/VILL that are not located in the same Zone District must process a Zone Change Application if the property receiving land is proposed to be enlarged by more than twenty-five

percent of the existing land area. Will this application require a zone change process? Yes No. If yes, then the zone change must be completed prior to approval of this application.

8. A submittal fee of \$ 600- is attached to this application (Check # 5296 cash)

By signing this application you are certifying that the above information is true and correct to the best of your knowledge and belief. It also serves as your acknowledgment that you understand that if any information provided in or attached to this application is untrue or inaccurate this application may be rendered null and void.

Fremont County Subdivision Regulations contain all descriptions of requirements for each application. Lot Line Adjustment and Boundary Line Adjustment can be found in section XIV. Vacation of Interior Lot Line & Utility Easement can be found in Section XIII.

The applicant has reviewed all regulations in regards to the necessary requirements and understands the impact of this application.

a. Property "a" Owner Signature [Signature] Stephanie Atwood Date 5/4/22

b. Property "b" Owner Signature [Signature] Mary J. Francis Date 5-5-22
[Signature] Julian M. Bates 5/5/22 [Signature] Paul Byrne 5/5/22
Date Date

Required Attachments:

- Application Current Deeds Application Fee
- Title Commitment (dated within 30 days of submittal)
- Copies of all exceptions from Schedule B of title Commitment
- Ratifications (will be required prior to recording, form will be provided by county to applicant)
- Plat (LLA / VILL) Deeds (BLA)
- Plat/Map w/ Improvements or Improvement statement
- Utility / Easement Notifications (certified mail receipts)
- Closure sheets for each lot
- Electronic copies (on CD, Flash Drive or email to county, verify address prior to sending)

STATE OF COLORADO
CERTIFICATION OF VITAL RECORD

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

| | | | | | | |
|--|--|--|--|--|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last) James Norman BATES | | | 2. SEX Male | 3. DATE OF DEATH (Month, Day, Year) June 9, 2017 | | |
| 4. SOCIAL SECURITY NUMBER 518-48-7286 | | 5a. AGE (Years) 74 | 5b. UNDER 1 YEAR Mo: Days | 5c. UNDER 1 DAY Hrs: Mins | 6. DATE OF BIRTH Month: Day: Year October 14 1942 | 7. BIRTHPLACE (City and State or Foreign Country) Wendell, Idaho |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> EP/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify) OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Residence | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) 878 County Road 4 | | | 9c. CITY, TOWN, OR LOCATION OF DEATH Howard | | 9d. COUNTY OF DEATH Fremont | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Maintenance Electrician | | | 10b. KIND OF BUSINESS/INDUSTRY Merchant Marines | | 11. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Civil Union | |
| 12a. RESIDENCE - STATE Colorado | | 12b. COUNTY Fremont | | 12. SPOUSE/PARTNER (If female, give maiden name) Julia LoSasso | | |
| 13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13b. ZIP CODE 81233 | | 13c. CITY, TOWN, OR LOCATION Howard | | |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify: Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: White | | 15. RACE (Specify) White | | 16. EDUCATION (Specify only highest grade completed: Elementary or secondary (1-12) College (13-16 or 17+) 12 | | |
| 17. FATHER/PARENT ONE - NAME (First, Middle, Last if female, give maiden name) Glen T. Bates | | 18. MOTHER/PARENT TWO - NAME (First, Middle, Last if female, give maiden name) Ruth E. Gibson | | 19. INFORMANT - NAME and relationship to decedent Julia Bates, Wife | | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial/Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Burial, crematory, cemetery, or other place) Leads and Glen - Crematory | | 20c. LOCATION - City or town, State Salida, Colorado | | |
| 21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Signature: Brandi D. Veltri | | | 21b. NAME AND ADDRESS OF FACILITY Leads and Glen Funeral Home 203 E. Sackell Ave. Salida, CO 81201 | | | |
| 22a. REGISTRAR'S SIGNATURE Signature: Paula Churruar | | | 22b. DATE (Month, Day, Year) JUN 19 2017 | | | |
| 23. WAS DECEDENT UNDER HOSPICE CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 24. TIME OF DEATH 11:50 | | 24. DATE AND TIME PROMOTED DEAD Month: Day: Year: Time June 3 2017 11:50 AM | | |
| 25. WAS CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 26a. TO BE COMPLETED BY SIGNING PHYSICIAN 26a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: [Signature] | | | 26b. TO BE COMPLETED BY CORONER 26b. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MD <input checked="" type="checkbox"/> DO Signature: [Signature] | | | |
| 26c. DATE SIGNED (Month, Day, Year) 6/10/17 | | | 26d. DATE SIGNED (Month, Day, Year) | | | |
| 26e. NAME, AND MAILING ADDRESS OF SIGNING PHYSICIAN James Wington M.D. 320 East First St. Salida, CO 81201 | | | 26f. NAME AND COUNTY | | | |
| 26g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN | | | | | | |
| 28. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined | | 29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | | 30. IF FEMALE: <input type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year | | |
| 32a. DATE OF INJURY (Month, Day, Year) | | 32b. TIME OF INJURY AM PM MB | | 32c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 32d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | | 32e. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State) | | | |
| 33. IMMEDIATE CAUSE - enter only one cause per line for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone. | | | | | Interval between onset and death | |
| Part 1. Conditions if any which gave rise to immediate cause stating the underlying cause last (c). (a) DUE TO OR AS A CONSEQUENCE OF: T-cell Lymphoma | | | | | Interval between onset and death Years | |
| (b) DUE TO OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (c) DUE TO OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1 | | | | | | |
| 34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | 35. If YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

FUNERAL DIRECTOR

PHYSICIAN/CORONER

DATE ISSUED **JUN 19 2017**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 04/18

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052020010562

| | | | | | | | |
|--|--|--|---|---|---|---|--|
| DECEDENT'S LEGAL NAME STANLEY ROBERT FRANCIS | | | | DATE OF DEATH APRIL 01, 2020 | | | |
| SEX MALE | SOCIAL SECURITY NUMBER 521-44-1910 | AGE-Last Birthday (Years) 89 | UNDER 1 YEAR Months: _____ Days: _____ | UNDER 1 DAY Hours: _____ Minutes: _____ | DATE OF BIRTH (Mo/Day/Yr) JULY 07, 1930 | BIRTHPLACE (State or Foreign Country) WYOMING | |
| IF DEATH OCCURRED IN HOSPITAL | | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME | | | | |
| Facility Name (if not institution, give street & number) 151 ORCHARD LANE | | | CITY, TOWN OR LOCATION OF DEATH HOWARD | | COUNTY OF DEATH FREMONT | | |
| RESIDENCE - STREET AND NUMBER 151 ORCHARD LANE | | | | APT. NO. | ZIP CODE 81233 | INSIDE CITY LIMITS YES | |
| RESIDENCE STATE COLORADO | | | COUNTY FREMONT | | CITY OR TOWN HOWARD | | |
| DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) OWNER | | | | KIND OF BUSINESS/INDUSTRY ANTIQUE CAR RESTORATION | | DECEDENT'S EDUCATION SOME COLLEGE CREDIT, BUT NO DEGREE | |
| DECEDENT OF HISPANIC ORIGIN NO | | | | DECEDENT'S RACE White | | | |
| EVER IN US ARMED FORCES YES | MARITAL STATUS AT TIME OF DEATH MARRIED | | SPOUSE/PARTNER NAME (if wife give name prior to first marriage) MARY HADLEY | | | | |
| FATHER'S NAME L.W. FRANCIS | | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE GERALDINE AMELIA HANSEN | | | | |
| INFORMANT'S NAME MARY FRANCIS | | | INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE | | | | |
| NAME OF FUNERAL HOME LEWIS & GLENN FUNERAL HOME | | | CITY AND STATE OF FUNERAL HOME SALIDA COLORADO | | | WAS CORONER NOTIFIED NO | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION LEWIS AND GLENN CREMATORY | | | LOCATION - CITY, COUNTY, STATE SALIDA CHAFFEE COLORADO | | |
| INJURY AT WORK | IF TRANSPORTATION RELATED, SPECIFY | | DATE OF INJURY | | TIME OF INJURY | | |
| PLACE OF INJURY | | | | | | | |
| LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code) | | | | | | | |
| DESCRIBE HOW INJURY OCCURRED | | | | | | | |
| WAS DECEDENT UNDER HOSPICE CARE YES | ACTUAL OR PRESUMED TIME OF DEATH 09:15 AM | | DATE PRONOUNCED DEAD (MO/DAY/YR) APRIL 01, 2020 | | TIME PRONOUNCED DEAD 09:15 AM | | |
| MANNER OF DEATH NATURAL | | | WAS AN AUTOPSY PERFORMED NO | | WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? | | |
| CAUSE OF DEATH | | | | | | | |
| PART I | Enter the chain of events - diseases, injuries, or complications that directly caused the death. | | | | | Approximate interval Onset to death | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a HEART FAILURE | | | | | YEARS | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) | b _____ | | | | | _____ | |
| | c _____ | | | | | _____ | |
| | d _____ | | | | | _____ | |
| PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I | | | | | | | |
| TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN JAMES WIGINGTON MD 550 W U.S. HIGHWAY 50 SALIDA CO 81201 | | | | | DATE SIGNED APRIL 02, 2020 | | |
| TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER | | | | | DATE SIGNED | | |
| DATE FILED BY REGISTRAR APRIL 02, 2020 | | | | | | | |

DATE ISSUED **APRIL 06, 2020**

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A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

