RECOMMENDED ACTION AND JUSTIFICATION:

Resolution authorizing Chairman to execute a Quit Claim Deed for the Penrod Family Trust.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

This property was originally accepted by the County pursuant to a Gift Deed from the Penrod Family Trust. Attached to this report is a memorandum of March 23, 2005 from the Public Works Director with a map. According to the Public Works Department, there has been no County use of the property nor are there plans to construct a County facility. According to the terms of the original Gift Deed, the property was donated in June of 2000 to Mariposa County for the express purpose of building a library/museum in Greeley Hill. Pursuant to the Gift Deed, construction was to start no later than July 1, 2004 and be completed by July 1, 2005 or the property would revert back to the Penrod Family Trust. The property was accepted by the County with such restrictions. The Penrod Family Trust has requested that the County issue a Quit Claim Deed to memorialize the reversion back to the Penrod Family Trust so that they have clear title. This action is to authorize the Chairman of the Board to sign the Quit Claim Deed memorializing the reversion. The Penrod Family Trust has agreed to absorb the cost of the transfer fees which are currently estimated to be $10.00.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? ( ) Yes  (x) No  Current FY Cost: $  Annual Recurring Cost: $
Budgeted In Current FY? ( ) Yes  ( ) No  ( ) Partially Funded
Amount in Budget: $
Additional Funding Needed: $
Source:
Internal Transfer
Unanticipated Revenue
Transfer Between Funds
Contingency
( ) General  ( ) Other

CLERK’S USE ONLY:
Res. No.: 06-475  Ord. No. _____
Vote – Ayes: 5  Noes: _____
Absent: _____
Approved
( ) Minute Order Attached  ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: __________
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: __________________________________________
Deputy

COUNTY ADMINISTRATIVE OFFICER:  Requested Action Recommended
( ) No Opinion
Comments:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

CAO: [Signature]

Revised Dec. 2002