Name of owner: Troost Ave Enterprises LLC Owner's telephone number: 3104567050 Owner's address: 4340 Warwick Blvd Kansas City, MO 64111

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:

State Basis of	Legal Aut	hority to Sign:
----------------	-----------	-----------------

Signer's telephone number:

Signer's mailing address:

If owner is an individual:

Single Married

MO - OWNER

Warwir 1

951-7050

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
Limited Partnership	X	Limited Liability Company
 Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Parcel Number(s) from Exhibit B:	Assessed Value(s):
388 [2012 Main]	\$340,000

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

<u>.</u>, 2024 Date: ____

STATE OF Missouri)) ss COUNTY OF Jackson)

On this 2 day of October 2024, before me personally appeared Vahiel Mehdizadeh-Naminto me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this ______

day of October, 2024.

My Commission Expires: 07/09/2028



Notary Public Printed Name of Notary: Ashley Bender

Name of owner: Tshibanda Holdings LLC	Owner's telephone number: (816) 916-7171
Owner's address: 1717 Oak St., Suite 100, Kan	sas City, MO 64108

IF SIGNER IS DIFFERENT FROM THE OWNER:

Name of signer:	Oscar Tshibanda
State Basis of Legal Authority to Sign:	Managing Partner
Signer's telephone number:	(816) 916-7171
Signer's mailing address:	1717 Oak St., Suite 100
	Kansas City, MO 64108
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
Limited Partnership	X	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-240-36-11-00-0-00-000	490	317632

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

29,2023 Date: 12

STATE OF <u>Missoun</u> COUNTY OF <u>hckson</u>) ss

On this <u>29</u> day of <u>December</u> 2023, before me personally appeared <u>OScar TShibanda</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this _____

My Commission Expires: 03/30/26

CHIANI PEARCE Notary Public-Notary Seal STATE OF MISSOURI Jackson County My Commission Expires 3/30/2026 Commission # 22889371

liani (Notary Public

Printed Name of Notary: Chiani Pearce

day of Dec. 2023.

Name of owner: Twa Lofts LLC	Owner's telephone number: <u>516-53</u> -6885
Owner's address: PO BOX 10485 Konsas C	
IF SIGNER IS DIFFERENT FROM OWNER:	
Name of signer: Brud	Sichokson
State Basis of Legal Authority to Sign: Manager	nomber
Signer's telephone number: $816 - 289$	-3606
Signer's mailing address: <u>P. 0. Box 104</u>	:85 Kansas Gty, MO. 64171
If owner is an individual: Single	Married
If owner is not an individual, state what type of entity (M	ark Applicable Box).

owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
 Limited Partnership	×	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-05-03-00-0-00-000	258	\$3132,832.00
29-520-05-04-01-0-00-000	261	\$1041312.00

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner/named immediately above.

Signature of person signing for owner

) ss

)

Date: 1-18,202

COUNTY OF JackSon

On this 18 day of January 2024, before me personally appeared Bradley Micheldon to me personally known to be the individual described in and who executed the foregoing instrument.

18th day of Junuary, 2024. WITNESS my hand and official seal this

on Expires: 01/12/2027

Notary Public / Printed Name of Notary: Abby Price

Owner's telephone number: 816.507.2798 Name of owner: Unique City Living LLC

Owner's address: 535 Harrison Kansas City, MO 64106

IF SIGNER IS DIFFERENT FROM OWNER: Name of signer: JOHN BENZ

State Basis of Legal Authority to Sign: OWNER 4001 Genessee Sr. KCMD 64111 Signer's telephone number: Signer's mailing address: Single _____ Married

If owner is an individual:

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership	
Limited Partnership	X	Limited Liability Company	
Partnership		Urban Redevelopment Corporation	· · · ·
Not-for-Profit Corporation		Other	

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-510-06-08-00-0-00-000	534 [518 E. 18 th St]	105600

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: AUGUST **°**, 2024

STATE OF MISSOUR) SS COUNTY OF JACKSON August (13) 2024, before me personally appeared JOHN BENZ On this f day of , to me personally known to be the individual described in and who executed the foregoing instrument. th WITNESS my hand and off day of 2024 My Commission Expires: Notary Public Printed Name of Notary: LARA GRAY

Owner's telephone number: 86-210-100 Name of owner: VHR Mcgee LLC Owner's address: 204 W 52nd St Kansas City, MO 64112 IF SIGNER IS DIFFERENT FROM OWNER: Right Butch Name of signer:

Name of signer.	DUTCH NIGUY
State Basis of Legal Authority to Sign:	Owner
Signer's telephone number:	816, 421. 2200
Signer's mailing address:	601 E. 63" St. Suite 170
	Konsus City, MO. 64110
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership	
Limited Partnership	X	Limited Liability Company	
Partnership		Urban Redevelopment Corporation	
 Not-for-Profit Corporation		Other	

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-230-44-04-00-0-00-000	461	370016
29-240-36-10-00-0-00-000	489	66400

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Date: //-/3.2023, 2023

person signing for owner Signature of

STATE OF MISSOUR COUNTY OF JACKSON 3

NOVEMBER of 2023, before me personally appeared to me personally known to be the individual described in and who

executed the foregoing instrument.

On

this

WITNESS my hand and official seal this

My Commission Expires: 10 - 03 - 2024

day

day of Nove MRER023.

Notary Public Printed Name of Notary: GEOFFRG: WESTRA



Name of owner: Walnut Cherk Ranch, LAC Owner's telephone number: 816-753-553/					
Owner's address: 4520 MainSt. Ste. 1060 ICCMD 64/11					
IF SIGNER IS DIFFERENT FROM	OWNER				
Name of signer:	Shirlei	Bush Helzberg			
State Basis of Legal Authority to Sign:	Mar	nager			
Signer's telephone number:	913-	Bush Helzberg ager 320-4144			
Signer's mailing address:		asabove			
If owner is an individual:		Single Married			
If owner is not an individual, state what	type of en	tity (Mark Applicable Box)			
Corporation	. Paster	General Partnership			
Limited Partnership	V	Limited Liability Company	у		
Partnership	· ·	Urban Redevelopment Con	rporation		
Not-for-Profit Corporation		Other			
	l	L			
Tax Parcel Number(s):	Parcel N	umber(s) from Exhibit B:	Assessed Value(s):		
29-520-07-06-00-00-000		70	235,840		
39-530-07-07-00-0-000		69 23	688,000		
a7-030-37-21-00-000	9-230-39-21-00-0-000		72,000		

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

239

Chegles Deel Signature of person signing for owner

29-520-06-11-00-0-00-000

,20284 Date:

80,000

STATE OF Kansas

On this <u>21</u> day of <u>June</u> 2027, before me personally appeared <u>Shirley Bush Helzberg</u> to me personally known to be the individual described in and who executed the foregoing instrument.

27

WITNESS my hand and official seal this

day of June, 2023.4

...................... My Commission Expire 12/29/24

) ss

Notary Rublic Printed Name of Notary: <u>Many K. McNamara</u>

Name of owner: Webster House O Grage, LLC Owner's telephone number:	816-753-	55-	3/
Owner's address: 4520 Main St. Ste. 1060 KCMD 64111			Ĩ.
IF SIGNER IS DIFFERENT FROM OWNER:		er's	
Name of signer: Shirley Bush Hebberg			

State Basis of Legal Authority to Sign:

Signer's telephone number:

Signer's mailing address: If owner is an individual:

Single _____ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

	Corporation		General Partnership
	Limited Partnership	X	Limited Liability Company
1	Partnership		Urban Redevelopment Corporation
	Not-for-Profit Corporation		Other

ando

same as al

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-230-39-20-00-0-00-000	228	341,760

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner C

Date:

STATE OF Kansas) ss COUNTY OF Johnson)

On this a day of <u>June</u> 2028, before me personally appeared <u>Shundey Buch Helsber</u> to me personally known to be the individual described in and who executed the foregoing instrument

WITNESS my hand and official seal this 27 day of June

day of trene, 2023.

nara

Public

Printed Name of Notary: // MM+

My Commission Expires:

12/29/24

Name of owner: Westroads LL	Owner's telephone number: $816 - 421 - 4343$
Owner's address: Po Box 411392	Kansas C: ty, MO 64141
IF SIGNER IS DIFFERENT FROM	OWNER:
Name of signer:	Jeffery A. Krum
State Basis of Legal Authority to Sign:	Member
Signer's telephone number:	316-421-4343
Signer's mailing address:	Same as Owner
If owner is an individual:	Single Married
If owner is not an individual, state what t	type of entity (Mark Applicable Box):
Corporation	General Partnershin

Corporation		General Partnership	
Limited Partnership	V	Limited Liability Company	
Partnership		Urban Redevelopment Corporation	
Not-for-Profit Corporation		Other	
	Limited Partnership Partnership	Limited Partnership	Limited Partnership Limited Liability Company Partnership Urban Redevelopment Corporation

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-09-01-02-0-00-000	130	491,616
and a second sec		

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

2023 Date:

Signature of person signing for owner

STATE OF MISSOURI) ss) COUNTY OF JACKSON

On this <u>28</u> day of <u>JULY</u> 2023, before me personally appeared <u>JEFFERY</u> <u>A</u>. KRVM to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this ______ 28____ day of JULY, 2023.

Momas Bilyn Z

Notary Public Printed Name of Notary: <u>THOMAS BILGER LIFT</u>



Name of owner: E. BURGESS ZBRYK, RIE EGAWA-ZBRYK (Zbryk Durgess) Owner's telephone number: (816) 472-6342
Owner's address: 1824 GRAND BLVD., KANSAS CITY, MO 64108
IF SIGNER IS DIFFERENT FROM OWNER:
Name of signer:
State Basis of Legal Authority to Sign:
Signer's telephone number:
Signer's mailing address:
If owner is an individual: Single Married
If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation	General Partnership
 Limited Partnership	Limited Liability Company
 Partnership	Urban Redevelopment Corporation
 Not-for-Profit Corporation	Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-14-10-00-0-00-000	4272-1824 Grand	136,416,00

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

~~~) 3 % in

Date: 11/14 , 2023

Signature of person signing for owner

STATE OF \_\_\_\_\_\_ ) ) ss COUNTY OF \_\_\_\_\_\_ ) ss

On this <u>14</u> day of <u>November</u> 2023, before me personally appeared <u>Rie Egawa Zbyk</u>, Edward Zbryk to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 14th day of November, 2023.

Modenta Vetary Public rinted Name of Notary: Joseph McDowell van

| Name of owner: Abele R Christopher          | - Trustee         | Owner's telepho | one number: | 816-213-0618 |
|---------------------------------------------|-------------------|-----------------|-------------|--------------|
| Owner's address: 1819 Baltim                | ore Aye (         | Jait 205        | KCMO        | 64108        |
| IF SIGNER IS DIFFERENT FROM                 | OWNER:            |                 |             |              |
| Name of signer:                             |                   |                 |             |              |
| State Basis of Legal Authority to Sign:     |                   |                 |             |              |
| Signer's telephone number:                  |                   |                 |             |              |
| Signer's mailing address:                   |                   |                 |             |              |
| If owner is an individual:                  | Single_           | Marrie          | ed          |              |
| If owner is not an individual, state what t | ype of entity (Ma | urk Applicable  | Box):       |              |
| Corporation                                 | Genera            | al Partnership  |             |              |
| Limited Partnership                         | Limite            | d Liability Cor | npany       |              |

| Linned I arthership        |   | Limited Liability Company       |    |
|----------------------------|---|---------------------------------|----|
| Partnership                |   | Urban Redevelopment Corporation | 4k |
| Not-for-Profit Corporation | X | Other Trust                     |    |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-12-13-00-0-02-001 | 366                              | \$80, 560.00       |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: / / 2023

STATE OF <u>Mesouri</u>) COUNTY OF <u>JACKSON</u>) ) ss

On this <u>31</u><sup>6</sup> day of <u>August</u> 2023, before me personally appeared <u>Chris Abele</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this \_\_\_\_\_\_ \_\_\_\_\_day of August, 2023.

My Commission Expires: 6/11/2027



Notary Public Printed Name of Notary: David Johnson

| Name of owner: Barker Jennifer Su                 | Concer's telephone number: 816-547-4715 | > |
|---------------------------------------------------|-----------------------------------------|---|
| Owner's address: 2029 Wyankotta                   | 七井307 KOMO 64108                        |   |
| IF SIGNER IS DIFFERENT FROM OWN                   | /ER:                                    |   |
| Name of signer:                                   |                                         |   |
| State Basis of Legal Authority to Sign:           |                                         |   |
| Signer's telephone number:                        |                                         |   |
| Signer's mailing address:                         |                                         |   |
| If owner is an individual:                        | Single Married                          |   |
| If owner is not an individual, state what type of | f entity (Mark Applicable Box):         |   |
| Corporation                                       | General Partnership                     |   |
|                                                   |                                         |   |

|                            | o unit i unit i unit i unit     |
|----------------------------|---------------------------------|
| Limited Partnership        | Limited Liability Company       |
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-31-11-01-0-03-004 | 352                              | \$ 41,800.00       |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: NOVMaler 30, 2023

STATE OF Missouri COUNTY OF Jailson ) ss

| On this 30 day of November 2023, before me personally appeared_      | Semnifer        | Sup     | Barker    |  |
|----------------------------------------------------------------------|-----------------|---------|-----------|--|
| to me personally known to be the individual described in and who exe | cuted the foreg | oing in | strument. |  |

30th

WITNESS my hand and official seal this

My Commission Expires: 9/18/2027

Notary Public Printed Name of Notary: <u>Alexander</u> Proffer

\_\_\_\_day of November 2023.



**EXECUTION PAGE FOR PETITION FOR THE CREATION OF THE CROSSROADS COMMUNITY IMPROVEMENT DISTRICT** 

|                                     | Beaver Bryan J & Nancy M                                                                                       | Owner's Janay Molean<br>Owner's                                                                                | re |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----|
|                                     | r: $8/6 - 5/9 - 9899$                                                                                          | Owner's                                                                                                        |    |
|                                     | 223rd St Bucyrus, KS 66013<br>DIFFERENT FROM OWNER                                                             | ·                                                                                                              |    |
|                                     | IIII EKENI IKOM OWINEK                                                                                         |                                                                                                                |    |
| Name of signer:                     |                                                                                                                | , server als dan server se |    |
| State Basis                         | of Legal Authority                                                                                             | to Sign:                                                                                                       | a. |
| Signer's                            | telephone number:                                                                                              |                                                                                                                |    |
| Signer's                            | mailing address:                                                                                               |                                                                                                                |    |
| Second Second                       |                                                                                                                | 2                                                                                                              |    |
| If owner is an inc                  | lividual: Single                                                                                               | Married                                                                                                        |    |
| If owner is not an Applicable Box): | n individual, state what type of                                                                               | entity (Mark                                                                                                   |    |
| Corporation                         | General Partnership                                                                                            |                                                                                                                |    |
| Limited Partnership                 | Limited Liability Company                                                                                      |                                                                                                                |    |
| Partnership                         | Urban Redevelopment Corporation                                                                                |                                                                                                                |    |
| Not-for-Profit Corporati            | on Other <u>Residence</u>                                                                                      | a.<br>I                                                                                                        |    |
|                                     | and a second |                                                                                                                |    |
| Tax Parcel Number(s):               | Parcel Number(s) from Exhibit Assessed Va<br>B:                                                                | alue(s):                                                                                                       |    |
| <u>29-520-25-14-00-0-02-00</u>      | 1177 (1920 Wyando He 7) 61427                                                                                  |                                                                                                                |    |
|                                     | his petition, the undersign                                                                                    | -                                                                                                              |    |
|                                     | e/she/they is authorized to e                                                                                  |                                                                                                                |    |
| on benan of the                     | property owner named imme                                                                                      | utately above.                                                                                                 |    |

1920 Wyandotte # 7

10

ma 2

Mayoun

Date: 3 October 2024

2024 Signature of person signing for owner

STATE OF Kansas

COUNTY OF JUNSON

WITNESS my hand and official seal this 3 day of 0, 2024.

My Commission Expires: 7-15-2025 Notary Public Printed Name of Susan NRiffie Notary:



SUSAN N. RIFFLE My Appointment Expires July 15, 2025

Name of owner: Aaron BergerOwner's telephone number: <u>316-724-7245</u>Owner's address: 667 W. 70th St. Kansas City, MO 64113

#### IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:

State Basis of Legal Authority to Sign:

Signer's telephone number:

Signer's mailing address:

If owner is an individual: \_\_\_\_\_ Single \_\_\_\_\_ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                    |   | General Partnership             |                                      |
|--------------------------------|---|---------------------------------|--------------------------------------|
| <br>Limited Partnership        |   | Limited Liability Company       | uning and a second second second sec |
| <br>Partnership                |   | Urban Redevelopment Corporation |                                      |
| <br>Not-for-Profit Corporation | X | Other                           |                                      |

| <u>Tax Parcel Number(s):</u><br>9-520-11-11-00-0-03-004 | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|---------------------------------------------------------|----------------------------------|--------------------|
| 29-520-11-11-00-0-03-004                                | 323                              | 59185              |
|                                                         |                                  |                    |

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Date: 0 \$ July, 2024

Timmunnut

Signature of person signing for owner

| STATE OF  | Mo      | )      |    |
|-----------|---------|--------|----|
| COUNTY OF | Jackson | )<br>) | SS |

On this <u>8</u><sup>H</sup> day of <u>July</u> 2024, before me personally appeared <u>Aavan Bergel</u>, to me personally known to be the individual described in and who executed the foregoing instrument.

| WITNESS my han         | d and official seal this | 8th                   | day of, 2024.                       |
|------------------------|--------------------------|-----------------------|-------------------------------------|
| My Commission Expires: | 01/12/2027               | Notary P<br>Printed N | ublic<br>Name of Notary: Abby frice |

| Name of owner: <u>BIRK</u> , <u>PHILIP</u><br>Owner's address: <u>1535 WALNU</u> | 2                                    | Owner        | 's telephone num | uber: <u>239-961-9454</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------|--------------------------------------|--------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner's address: 1535 WALNU                                                      | t st                                 | 609, V       | (0064108         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| IF SIGNER IS DIFFERENT FROM O                                                    | WNER.                                | :            |                  | ANNIN MARKANINA AND AND AND AND AND AND AND AND AND A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name of signer:                                                                  | ,                                    |              |                  | 1111111 CE 12/2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| State Basis of Legal Authority to Sign:                                          |                                      |              |                  | in a sout                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signer's telephone number:                                                       | were to the processing of the second |              |                  | ABL ABL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Signer's mailing address:                                                        |                                      |              |                  | A COMMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| If owner is an individual:                                                       | Š                                    | Single       | _ Married        | Jac OLIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| If owner is not an individual, state what typ                                    | be of ent                            | ity (Mark Ap | plicable Box):   | - and the second |
| Corporation                                                                      |                                      | General Part | nership          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| _                          | -                               |
|----------------------------|---------------------------------|
| Limited Partnership        | Limited Liability Company       |
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-230-29-16-00-0-06-002 | 295                              | 52341.00           |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

COUNTY OF <u>JackSon</u>) ss On this <u>7</u> day of <u>Feb</u> 2023, before me personally appeared <u>thilleff Birke</u> to me personally known to be the individual described in and who executed the foregoing instrument.

7th

Signature of person signing for owner

COUNTY OF Jackson

STATE OF <u>MO</u>

4 Date:

My Commission Expires: 01/12/2027

WITNESS my hand and official seal this

Notary Public Printed Name of Notary: Abby Price

\_\_\_\_\_day of Feb , 2028.

| Name of owner: Birkestrand, Bjorn                                                                                                               | Owner                   | 's telephone number: 7    | 85-843-8279                                              |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|----------------------------------------------------------|---------------------|
| Owner's address: 2030 Grand Ave # 5 H                                                                                                           | Kansas Ci               | ty, MO 64108              |                                                          |                     |
| IF SIGNER IS DIFFERENT FROM                                                                                                                     | OWNER:                  |                           |                                                          |                     |
| Name of signer:                                                                                                                                 |                         | а                         |                                                          |                     |
| State Basis of Legal Authority to Sign:                                                                                                         |                         |                           |                                                          |                     |
| Signer's telephone number:                                                                                                                      |                         |                           |                                                          |                     |
| Signer's mailing address:                                                                                                                       |                         |                           |                                                          |                     |
|                                                                                                                                                 |                         |                           |                                                          |                     |
| If owner is an individual:                                                                                                                      | $\underline{X}$         | Single Married            |                                                          |                     |
| If owner is not an individual, state what                                                                                                       | type of en              | ntity (Mark Applicable Bo | ox):                                                     |                     |
| Corporation                                                                                                                                     |                         | General Partnership       |                                                          | 2                   |
| Limited Partnership                                                                                                                             |                         | Limited Liability Compar  | ıy                                                       |                     |
| Partnership                                                                                                                                     |                         | Urban Redevelopment Co    | prporation                                               |                     |
| Not-for-Profit Corporation                                                                                                                      |                         | Other                     |                                                          |                     |
| Tax Parcel Number(s):                                                                                                                           | Parcel N                | Sumber(s) from Exhibit B: | Assessed Value(s):                                       |                     |
| 29-520-35-08-00-0-02-001                                                                                                                        | 433 [203                | 0 Grand Blvd 5]           | \$83,220                                                 | State in the second |
| By executing this petition, the under<br>execute this petition on behalf of the p<br>Multiple Signature of person signing for owner             | rsigned r<br>property ( | owner named immediate     | s that he/she/they is author<br>ely above.<br>3/13, 2024 | -ized to            |
| STATE OF $\underline{K_{PNSAS}}$ )<br>COUNTY OF $\underline{O_{HNSGN}}$ )<br>Son this $\underline{13^{M}}$ day of $\underline{AUGUST}$ 2024, be |                         | Binard Bi                 | Ridenta ()                                               |                     |
| personally known to be the individual de                                                                                                        | escribed in             | n and who executed the fe | pregoing instrument.                                     | _, to me            |
| WITNESS my hand and official                                                                                                                    | seal this               | 13th day                  | of AUGUST, 2024.                                         |                     |

My Commission Expires:

2-17-2027

MORGAN RIGG Notary Public - State of Kansas My Appointment Expires 2-13 - 27 Public

Printed Name of Notary: MORGAN RIGG

Nota

| Name of owner: Borsa John J ×                | Anne M                               | Owner's telephone numbe | r: <u>913</u> | 302-9879 |  |  |
|----------------------------------------------|--------------------------------------|-------------------------|---------------|----------|--|--|
| Owner's address: 1904 Main St 25 KCMO 64/108 |                                      |                         |               |          |  |  |
| IF SIGNER IS DIFFERENT FROM                  | OWNER:                               |                         |               |          |  |  |
| Name of signer:                              | star for any start to prove the same |                         |               |          |  |  |
| State Basis of Legal Authority to Sign:      | Owner                                |                         |               |          |  |  |
| Signer's telephone number:                   | 913 30                               | 2-9879                  |               |          |  |  |
| Signer's mailing address:                    | apove                                |                         |               |          |  |  |
| If owner is an individual:                   | Singl                                | e Married               |               |          |  |  |

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                | General Partnership             |
|----------------------------|---------------------------------|
| Limited Partnership        | Limited Liability Company       |
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-21-15-06-0-02-001 | 378                              | \$94,297.00        |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition-on behalf of the property owner named immediately above.

Anne ma

Signature of person signing for owner

9/15/2023,2023 Date: \_

STATE OF Missouri ) COUNTY OF JACKSON ) ss

On this 15 day of <u>September</u> 2023, before me personally appeared <u>ANNE M. BDISA</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this

My Commission Expires: 25 2027



Notary Public Printed Name of Notary: JILL. Champers

day of

| Chris A Higgenbothan<br>Name of owner: <u>B Higgenbotham Co</u> | M & Jennifer<br>Trustees Owner's telephone number: 678-475 2857<br>N Kansas Lity, MD 64108 |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Owner's address: 1904 Nain St 5                                 | N Nansas City, MD 64108                                                                    |
| IF SIGNER IS DIFFERENT FROM                                     | OWNER:                                                                                     |
| Name of signer:                                                 |                                                                                            |
| State Basis of Legal Authority to Sign:                         |                                                                                            |
| Signer's telephone number:                                      |                                                                                            |
| Signer's mailing address:                                       |                                                                                            |
| If owner is an individual:                                      | Single Married                                                                             |
| If owner is not an individual, state what t                     | ype of entity (Mark Applicable Box):                                                       |
| Corporation                                                     | General Partnership                                                                        |
| L imited Partnership                                            | Limited Liphility Company                                                                  |

| Limited Partnership        |   | Limited Liability Company       |
|----------------------------|---|---------------------------------|
| Partnership                |   | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | X | Other Trust                     |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-21-15-00-0-05-002 | 378                              | \$83,980.00        |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner STATE OF Misun ) ss COUNTY OF JULASON )

Date: 8 September, 2023

On this sinday of <u>Supernov</u>2023, before me personally appeared <u>Jennifer</u> Higginborum, to me personally known to be the individual described in and who executed the foregoing instrument.

| WITNESS my ha                          | and and official seal this 18m                                                                                                                           | day of scptember, 2023. |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| My Commission Expires:<br>Jun 12, 2027 | ALEXIS GUTIERREZ<br>Notary Public - Notary Seal<br>Jackson County - State of Missouri<br>Commission Number 23205640<br>My Commission Expires Jan 12, 202 |                         |

| Name of owner: CHRISTY FAMILY                                                   | $\frac{propertur}{s} = \frac{913636}{s} = \frac{5654}{kc}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |  |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| Owner's address: 1535 WALNUT ST                                                 | STE 107, 106, 206 KC MO 64108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |  |
| IF SIGNER IS DIFFERENT FROM O                                                   | WNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |  |
| Name of signer:                                                                 | JOHN + Clusty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |  |
| State Basis of Legal Authority to Sign:                                         | OWNer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in the |  |
| Signer's telephone number:                                                      | 1535 Walket, Ste. 107, 106. 206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |  |
| Signer's mailing address:                                                       | KEND 64108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,      |  |
| If owner is an individual:                                                      | $\underline{\qquad} Single \underline{\qquad} Married \qquad \qquad ^{1} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0} 10^{-0}$ |        |  |
| If owner is not an individual, state what type of entity (Mark Applicable Box): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |  |
| Corporation                                                                     | General Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |  |

| ÷                          |     | -                               |
|----------------------------|-----|---------------------------------|
| Limited Partnership        |     | Limited Liability Company       |
| Partnership                |     | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | 1 X | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-230-29-16-00-0-01-004 | 295                              | 40162.00           |
| 29-230-29-16-00-01-005   | 295                              | 58823.00           |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF <u>MO</u> COUNTY OF Jackson

Date: FEBRUARY 8

On this  $\frac{7}{2}$  day of <u>Feb</u> 202<sup>4</sup>; before me personally appeared <u>John Christy</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this \_\_\_\_\_\_ Red 7th day of teb , 2028

) ) ss )

My Commission Expires: 01/21/2027

| Notary Public           | ACA   | -     |
|-------------------------|-------|-------|
| Printed Name of Notary: | Atoby | Price |
| •                       |       |       |

| Name of owner: Christy John T & Me      | Owner's telephone number: <u>913 Le 3 Le 5 Le 6 Le</u>                                         |
|-----------------------------------------|------------------------------------------------------------------------------------------------|
| Owner's address: 435 Hiller             | Wher's telephone number: <u>913 Le 3 Le 5 Ce 6 Le</u><br>Mest Rel E LAME Quer val les Ce 62 17 |
| IF SIGNER IS DIFFERENT FROM             |                                                                                                |
| Name of signer:                         | John christy                                                                                   |
| State Basis of Legal Authority to Sign: | 45 - Owner                                                                                     |
| Signer's telephone number:              | 913 436 5656<br>435 Hillorest 12d, E. Lale Quivoix (CS 66217                                   |
| Signer's mailing address:               | 435 Hillorest Rd. E. Lall Quivocally 66217                                                     |
| If owner is an individual:              | Single Married                                                                                 |
| IC                                      | terre of outites (Moule Analice 11 Deer)                                                       |

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                |   | General Partnership             |
|----------------------------|---|---------------------------------|
| Limited Partnership        |   | Limited Liability Company       |
| Partnership                |   | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | X | Other Trusko                    |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-230-29-16-00-0-02-005 | 295                              | \$47,105.00        |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner STATE OF MISSOURI

) SS

Date: Septenter 25, 2023

On this  $26^{10}$  day of September 2023, before me personally appeared 10 hn Christy to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 26th stember, 2023. day of

My Commission Expires:

COUNTY OF JACK SOV

Notary Public McKenzie Stransky Printed Name of Notary:



 Name of owner:
 Cupp Angelo Trust
 Owner's telephone number:
 9702015943

 Owner's address:
 2029 Wyandotte St., Unit 201, Kansas City, MO 64108

 IF SIGNER IS DIFFERENT FROM OWNER:

 Name of signer:
 Anthony G . Angelo

 State Basis of Legal Authority to Sign:
 Trustee lowner

 Signer's telephone number:
 970.201.5953

 Joaq Wyandotte St.
 Joaq Wyandotte St., Apt 201, Kcmo 64108

If owner is an individual:

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation    |               |   | General Partnership             |
|----------------|---------------|---|---------------------------------|
| Limited Partn  | ership        |   | Limited Liability Company       |
| Partnership    |               |   | Urban Redevelopment Corporation |
| Not-for-Profit | t Corporation | x | Other Revocable Trust           |

Single <u>X</u> Married

| Tax Parcel Number(s):   | Parcel Number(s) from Exhibit B: | Assessed Value(s):          |
|-------------------------|----------------------------------|-----------------------------|
| 29-520-31-11-01-0-2-010 | 351                              | 2 <del>70,250-</del> 47,500 |
|                         |                                  |                             |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: <u>10/4</u>, 2023

STATE OF MISSOURI ) ) ss

COUNTY OF JACKSON

On this <u>4th</u> day of <u>October</u> 2023, before me personally appeared <u>Anthony George Angelo</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this \_\_\_\_\_

My Commission Expires: 8/16/2027

Yennad Ma Notary Public Printed Name of Notary: Jennak. Brubbs

day of Defober, 2023.



| Name of owner: <u>Jehnifer Duncer</u><br>Owner's telephone number: <u>913.406.80</u><br>Owner's address: <u>1535 Walnut St</u> <u>#404</u> , Kansar Uty, M064108 | 68                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| IF SIGNER IS DIFFERENT FROM OWNER:                                                                                                                               |                                         |
| Name of signer:                                                                                                                                                  |                                         |
| State Basis of Legal Authority to Sign: Owner                                                                                                                    | ******                                  |
| Signer's telephone number: 913.406.8068                                                                                                                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Signer's mailing address: 1535 Walnut KCMO                                                                                                                       |                                         |
| If owner is an individual: Single Married                                                                                                                        | \$                                      |
| If owner is not an individual, state what type of entity (Mark Applicable Box):                                                                                  |                                         |
| Corporation         General Partnership                                                                                                                          |                                         |
| Limited Partnership Limited Liability Company                                                                                                                    |                                         |
| Partnership         Urban Redevelopment Corporation                                                                                                              |                                         |
| Not-for-Profit Corporation         Other                                                                                                                         |                                         |
|                                                                                                                                                                  |                                         |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-230-29-16-00-0-04-007 | 295                              | 56430.00           |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF

COUNTY OF JackSon ) COUNTY OF Jackson ) On this <u>H</u> day of <u>Feb</u> 2028, before me personally appeared <u>Jennifer Dancer</u> to me personally known to be the individual described in and who executed the foregoing instrument.

) ss

day of Feld, 2023 7th WITNESS my hand and official seal this



Notary Public / Printed Name of Notary: Abby Price

Date: <u>2.7.</u>, 2028

Name of owner: David W Lee Revocable Trust Dated October 15, 2009

Owner's telephone number: <u>262 - 366 - 7727</u>

Owner's address: 2120 Wyandotte St Unit 13 Kansas City, MO 64108 IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:

| State Basis of Legal Authority to Sign: |  |
|-----------------------------------------|--|
|-----------------------------------------|--|

| Signer | 's te | lenh | one  | num  | her  |
|--------|-------|------|------|------|------|
| Signer | 5 10  | repn | Unic | mann | 001. |

Signer's mailing address:

If owner is an individual:

Single\_\_\_\_\_ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                |   | General Partnership             |
|----------------------------|---|---------------------------------|
| Limited Partnership        |   | Limited Liability Company       |
| Partnership                |   | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | X | Other Trust                     |

| Tax Parcel Number(s): | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|-----------------------|----------------------------------|--------------------|
| 29520390400002005     | 222                              | \$54,151.00        |
|                       |                                  |                    |

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

1 ma

COMMISSION #12417868

Date: September 1, 5023

Signature of person signing for owner

STATE OF Missouri) ) ss COUNTY OF Jackson ) On this <u>15</u> day of <u>September</u> 2023, before me appeared <u>David Lee</u> me personally known, who, being by me duly sworn did say that he/she/they is the <u>owner</u> , to Flat 13 and that said instrument was signed by him/her/them on behalf of of said entity, and he/she/they acknowledged said instrument to be the free act and deed of said entity. en ba 2023. WITNESS my hand and official seal this \_\_\_\_\_ day of 1178-91 \* 5 v 26 24 NOTAX PUBLIC NOTARY SEAPIRES: Public Printed Name of Notary: 913.219.3972 STATE OF MISSOURI **MY COMMISSION EXPIRES NOVEMBER 26, 2024** Losa Taylor JACKSON COUNTY

| Name of owner: David Russell                        |                               |
|-----------------------------------------------------|-------------------------------|
| Owner's address: 1904 Main Sti                      | ref #35 Kens 64100            |
| IF SIGNER IS DIFFERENT FROM OWNE                    | <i>R</i> :                    |
| Name of signer:                                     |                               |
| State Basis of Legal Authority to Sign:             |                               |
| Signer's telephone number:                          |                               |
| Signer's mailing address:                           |                               |
| If owner is an individual:                          | Single Married                |
| If owner is not an individual, state what type of e | entity (Mark Applicable Box): |
| Corporation                                         | General Partnership           |
|                                                     |                               |

| Corporation                    | Ocheral I armership             |
|--------------------------------|---------------------------------|
| <br>Limited Partnership        | Limited Liability Company       |
| Partnership                    | Urban Redevelopment Corporation |
| <br>Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |  |
|--------------------------|----------------------------------|--------------------|--|
| 29-520-21-15-00-0-03-001 | 378                              | \$ 93,385.00       |  |
|                          |                                  |                    |  |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

) ss

Date: 9/13/23, 2023

Signature of person signing for owner

STATE OF Missouri

COUNTY OF JON KOON On this 13<sup>th</sup>day of <u>September</u> 2023, before me personally appeared <u>Kathry</u> <u>Dowell</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this  $13^{++}$ day of September, 2023. 12/11/2023

Expires: The Street Street 

ary Public Printed Name of Notary: Mipa C Johnson

Owner's telephone number: 321-223-7373 Name of owner: Egan Shane Owner's address: 1535 Walnut St Unit 208 Kansas City, MO 64108

#### **IF SIGNER IS DIFFERENT FROM OWNER:**

Name of signer:

| State Basis of Legal Authority to Sign: |        |         |  |
|-----------------------------------------|--------|---------|--|
| Signer's telephone number:              |        |         |  |
| Signer's mailing address:               |        |         |  |
|                                         |        |         |  |
| If owner is an individual:              | Single | Married |  |

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                | General Partnership             |
|----------------------------|---------------------------------|
| Limited Partnership        | Limited Liability Company       |
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-230-29-16-00-0-02-003 | 295                              | 73768              |
|                          |                                  | а<br>1             |

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: 7/31, 2024

| STATE OF MISSOUR )                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY OF Jackson ) ss                                                                                                                                                                                         |
| On this $31\frac{4}{2}$ day of $500$ and $500$ and $500$ before me personally appeared <u>Shane Egan</u> , to me personally known to be the individual described in and who executed the foregoing instrument. |
| WITNESS my hand and official seal this $31^{\text{SL}}$ day of $524^{\text{SL}}$ , 2024.                                                                                                                       |
| Jan Brale                                                                                                                                                                                                      |
| My Commission Expires: Notary Public                                                                                                                                                                           |
| JASMINE BROOKS<br>Notary Public - Notary Seal<br>State of Missouri<br>Commission Expires: July 25, 2027<br>Commission Number: 18260064                                                                         |

| Name of owner: ESO Jordan & Eliz          | cabeth Hunt                                                                                                     | Owner?  | 's telephone | number: | 913.488. | 8644 |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------|--------------|---------|----------|------|
| Owner's address: 1904 MAIN ST             | APT 4N                                                                                                          | VCMO    | 64108        |         |          |      |
| IF SIGNER IS DIFFERENT FROM               | OWNER:                                                                                                          |         |              |         |          |      |
| Name of signer:                           | Market and a second  |         |              |         |          |      |
| State Basis of Legal Authority to Sign:   | -                                                                                                               |         |              |         |          |      |
| Signer's telephone number:                |                                                                                                                 |         |              |         |          |      |
| Signer's mailing address:                 | manager and an and a second |         |              |         |          |      |
| If owner is an individual:                | Sing                                                                                                            | le X    | _ Married    |         |          |      |
| If owner is not an individual, state what | type of entity (                                                                                                | Mark Ap | plicable Box | ):      |          |      |
|                                           |                                                                                                                 |         |              |         |          |      |

| Corpora  | tion               | General Partnership             |
|----------|--------------------|---------------------------------|
| Limited  | Partnership        | Limited Liability Company       |
| Partners | hip                | Urban Redevelopment Corporation |
| Not-for- | Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-21-15-00-0-04-002 | 378                              | \$ 75, 164.00      |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF MISSOURI ) ) ss COUNTY OF CLA-1 )

Date: 多ジェ 11 , 2023

On this 11 day of SEDTEMBER 2023, before me personally appeared JOR DAN ESCO to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this II day of SEPTEMBER, 2023.

My Commission Expires NOTARY SEAL Clay

ulia Sherlos

Notary Public Printed Name of Notary: Julie SHERBO

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                             | M Owner's telephone                                                                |                                                                                                                                             |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Owner                                                                 | 's address: 1819 Baltimore Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unit 302 K                    | Kansas City, MO 64108                                                              |                                                                                                                                             |
| IF SIG                                                                | GNER IS DIFFERENT FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OWNER:                        |                                                                                    |                                                                                                                                             |
| Name                                                                  | of signer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5.<br>                        |                                                                                    |                                                                                                                                             |
| State B                                                               | Basis of Legal Authority to Sign:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                    |                                                                                                                                             |
| Signer                                                                | 's telephone number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                    |                                                                                                                                             |
| Signer                                                                | 's mailing address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                    |                                                                                                                                             |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                    |                                                                                                                                             |
| fown                                                                  | er is an individual:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ×                             | Single Married                                                                     |                                                                                                                                             |
| fown                                                                  | er is not an individual, state wha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t type of er                  | ntity (Mark Applicable Bo                                                          | ox):                                                                                                                                        |
|                                                                       | Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | General Partnership                                                                |                                                                                                                                             |
|                                                                       | Limited Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | Limited Liability Compar                                                           | ny                                                                                                                                          |
| 3                                                                     | Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | Urban Redevelopment Co                                                             | prporation                                                                                                                                  |
|                                                                       | Not-for-Profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | Other                                                                              |                                                                                                                                             |
|                                                                       | Tax Parcel Number(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Parcel N                      | Sumber(s) from Exhibit B:                                                          | Assessed Value(s):                                                                                                                          |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                    |                                                                                                                                             |
| By exe                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                    | \$154,660<br>s that he/she/they is authorized                                                                                               |
| By exe                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ersigned r                    | owner named immediate                                                              | s that he/she/they is authorized<br>ely above.                                                                                              |
| By exc<br>execut                                                      | ecuting this petition, the unde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ersigned r                    | owner named immediate                                                              | s that he/she/they is authorized<br>ely above.                                                                                              |
| By execut                                                             | ecuting this petition, the under<br>e this petition on behalf of the<br>description of the second s | ersigned r                    | owner named immediate                                                              | s that he/she/they is authorized<br>ely above.                                                                                              |
| By execut                                                             | ecuting this petition, the under<br>this petition on behalf of the<br>definition on behalf of the<br>ure of person signing for owner<br>E OF Missour )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ersigned r                    | owner named immediate                                                              | s that he/she/they is authorized<br>ely above.                                                                                              |
| <b>By execut</b><br>Signatu                                           | ecuting this petition, the under<br>e this petition on behalf of the<br>description of the second s | ersigned r                    | owner named immediate                                                              | s that he/she/they is authorized<br>ely above.                                                                                              |
| By execut<br>Execut<br>Signatu<br>STATH<br>COUN                       | ecuting this petition, the under<br>e this petition on behalf of the<br>ure of person signing for owner<br>E OF Missour )<br>TY OF TAULIN ) ss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ersigned r<br>property o      | Dersonally appeared                                                                | s that he/she/they is authorized<br>ely above.<br>AN, 17, 2025<br>AN, 17, 2025                                                              |
| By execut<br>Execut<br>Signatu<br>STATH<br>COUN                       | ecuting this petition, the under<br>this petition on behalf of the<br>ure of person signing for owner<br>EOF Missury<br>TY OF TAULIN<br>s Hay of JANUA 2025, the<br>ally known to be the individual of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ersigned r<br>property of<br> | Dersonally appeared $\underline{M}$                                                | s that he/she/they is authorized<br>ely above.<br>AN, 17, 2025<br>AN, 17, 2025                                                              |
| By execut<br>Execut<br>Signatu<br>STATH<br>COUN<br>On this            | ecuting this petition, the under<br>e this petition on behalf of the<br>ure of person signing for owner<br>E OF <u>Missur</u> )<br>STY OF <u>TAULIN</u><br>s H day of <u>JAULIN</u><br>s H day of <u>JAULIN</u><br>s WITNESS my hand and official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ersigned r<br>property of<br> | bersonally appeared $\underline{M}$<br>and who executed the formula $17 \pm b$ day | s that he/she/they is authorized<br>ely above.<br>$AW_{17}, 2025$<br>$AW_{17}, 2025$<br>$authorized ely above.AW_{17}, 2025$                |
| By execut<br>Execut<br>Signatu<br>STATH<br>COUN<br>On this<br>persons | ecuting this petition, the under<br>this petition on behalf of the<br>ure of person signing for owner<br>EOF Missury<br>TY OF TAULIN<br>s Hay of JANUA 2025, the<br>ally known to be the individual of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ersigned r<br>property of<br> | Dersonally appeared $\underline{M}$<br>and who executed the form                   | s that he/she/they is authorized<br>ely above.<br>AN, 17, 2025<br>AN, 17, 2025<br>AN, 17, 2025<br>Coregoing instrument.<br>of January 2025. |

| Name of owner: Fedewa Marie Owner's telephone number: (517)-3                   | 6-5143 |
|---------------------------------------------------------------------------------|--------|
| Owner's address: 1819 Baltimore Ave STE 206, Konsar Wy, no 64104                | ,      |
| IF SIGNER IS DIFFERENT FROM OWNER:                                              |        |
| Name of signer:                                                                 |        |
| State Basis of Legal Authority to Sign:                                         |        |
| Signer's telephone number:                                                      |        |
| Signer's mailing address:                                                       |        |
| If owner is an individual: Single Married                                       |        |
| If owner is not an individual, state what type of entity (Mark Applicable Box): |        |
| Corporation General Partnership                                                 |        |

| Corporation                | General Partnership                |
|----------------------------|------------------------------------|
| Limited Partnership        | Limited Liability Company          |
| Partnership                | Urban Redevelopment Corporation    |
| Not-for-Profit Corporation | Other                              |
|                            | Limited Partnership<br>Partnership |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-12-13-00-0-02-007 | 366                              | \$\$71,820.00      |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

, 2023 Date:

STATE OF Missour;

COUNTY OF Jackson

) ss

)

On this <u>21</u><sup>\*</sup> day of <u>August</u> 2023, before me personally appeared <u>Marie Fedeua</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this \_\_\_\_\_\_ day of August, 2023.

My Commission Expires:

DAVID JOHNSON Notary Public - Notary Sett STATE OF MISSOURI Jackson County My Commission Expires: June 11, 2027 Commission #12354166 Notary Public Printed Name of Notary: David Johnson

| Name of owner: Fpen LLC                 | Owner's telephone number: (a16) 210-4923 |
|-----------------------------------------|------------------------------------------|
| Owner's address: 2029 Wyands            | offer St. Kansas Uky. MO 6 4108          |
| IF SIGNER IS DIFFERENT FROM             | OWNER:                                   |
| Name of signer:                         | Robert Norffeet                          |
| State Basis of Legal Authority to Sign: | owner of unit                            |
| Signer's telephone number:              | (816) 210-4923                           |
| Signer's mailing address:               | 2029 Wyenlotte Siste 201, KCMO 64108     |
| If owner is an individual:              | Single Married                           |
|                                         |                                          |

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                |    | General Partnership             |
|----------------------------|----|---------------------------------|
| <br>Limited Partnership    | ×  | Limited Liability Company       |
| <br>Partnership            |    | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | а, | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-31-11-01-0-01-002 | 352                              | \$274,816.00       |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

130 Date: 2023

STATE OF Missouri ) ss COUNTY OF Jackson

On this  $30^{\circ}$  day of <u>November</u> 2023, before me personally appeared <u>Kobert Novfleet</u> to me personally known to be the individual described in and who executed the foregoing instrument.

30th WITNESS my hand and official seal this day of November 2023.

My Commission Expires: 9/18/2027



Notary Public Printed Name of Notary: <u>Alexander</u> Proffer

Name of owner: Kehl Friesen

Owner's telephone number: 785.331.8900

Owner's address: 1803 Wyandotte St Unit 106 Kansas City, MO 64108

## IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer: Kehl Friesen

State Basis of Legal Authority to Sign:

Signer's telephone number:\_\_\_\_\_

Signer's mailing address:

If owner is an individual: \_Single\_Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                | General Partnership             |
|----------------------------|---------------------------------|
| Limited Partnership        | Limited Liability Company       |
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):                                                                                                | Parcel Number(s) from Exhibit B: | Assessed Value(s):                       |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|
| 29-520-11-11-00-0-01-005                                                                                             | 323                              | 65854                                    |
| a na sana ana ana amin'ny faharana. Noran'ny farana amin'ny farana amin'ny farana amin'ny farana amin'ny farana<br>N |                                  | an a |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

ALAVA

Date: 11/10 /

2022

NOTARY PUBLIC - NO IARY SEM T. LAG OF MISSOURI NY COMMISSION EXPIRES SEPTEMBER 13, 2014 CLAY COULLY COMMISSION #RINK [759

| Name of owner: Garney Anne                | Owner's telephone number |
|-------------------------------------------|--------------------------|
| Owner's address: 1920 Wyandotte St Unit 5 | Kansas City, MO 64108    |

#### IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:

State Basis of Legal Authority to Sign:

Signer's telephone number:

Signer's mailing address:

If owner is an individual:

\_\_\_\_\_ Single \_\_\_\_\_ Married



816-842-3388

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                | General Partnership             |
|----------------------------|---------------------------------|
| Limited Partnership        | Limited Liability Company       |
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-25-14-00-0-01-005 | 177                              | 73587              |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: 7-26-, 2024

STATE OF <u>Mo</u>) ss COUNTY OF <u>Jackson</u>)

On this  $\frac{26}{26}$  day of  $\underline{July}$  2024, before me personally appeared  $\underline{Anne}$  Garney, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this  $26^{\text{th}}$  day of 5 My, 2024.

My Commission Expires: 01/(2/2027

Notary Public Printed Name of Printed Name of Notary: Abby Price

| Name of owner: <u>Glorioso Steven A &amp; Regina</u> A Owner's telephone number: <u>(8/6)217-833</u> 7 |
|--------------------------------------------------------------------------------------------------------|
| Owner's address: 1819 Baltimore Ave Unit 305 KCMO 64108                                                |
| IF SIGNER IS DIFFERENT FROM OWNER:                                                                     |
| Name of signer: Regina Gloriaso                                                                        |
| State Basis of Legal Authority to Sign:                                                                |
| Signer's telephone number:                                                                             |
| Signer's mailing address:                                                                              |
| If owner is an individual: Single Married                                                              |
| If owner is not an individual, state what type of entity (Mark Applicable Box):                        |
| Corporation General Partnership                                                                        |

| Corporation                | General Partnership                |
|----------------------------|------------------------------------|
| Limited Partnership        | Limited Liability Company          |
| Partnership                | Urban Redevelopment Corporation    |
| Not-for-Profit Corporation | Other                              |
|                            | Limited Partnership<br>Partnership |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-12-13-00-0-03-001 | 366                              | \$ 81,320.00       |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: <u>\$/</u> 3/ , 2023

STATE OF MISSOURI ) COUNTY OF JACKSON )

> DAVID JOHNSON Notary Public - Notary Seal STATE OF MISSOURI Jackson County Commission Expires: June 11,

Commission #12354166

2027

On this <u>31</u><sup>st</sup> day of <u>August</u> 2023, before me personally appeared <u>Regina Glorioso</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 315t\_day of <u>August</u>, 2023. Del

My Commission Expires:

Notary Public Printed Name of Notary: David Johnson

| Name of owner: Graeve Told & Grae       | eve Melanie | Owner's telephone nu | umber: (8/6)721-4066 |
|-----------------------------------------|-------------|----------------------|----------------------|
| Owner's address: 1813 Baltimore         | Ave STE     | 101, Kansas City,    | MO 64108             |
| IF SIGNER IS DIFFERENT FROM             | OWNER:      |                      |                      |
| Name of signer:                         |             |                      |                      |
| State Basis of Legal Authority to Sign: |             |                      |                      |

Signer's telephone number:

Signer's mailing address:

If owner is an individual: \_\_\_\_\_ Single \_\_\_\_\_ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

| Corporation                | General Partnership             |
|----------------------------|---------------------------------|
| Limited Partnership        | Limited Liability Company       |
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-12-13-00-0-01-004 | 366                              | \$ 90,060.00       |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

clance Graev

Date: **8/30**, 2023

Signature of person signing for owner

STATE OF <u>MO</u> ) ) ss COUNTY OF Jackson )

On this <u>30</u> day of <u>August</u> 2023, before me personally appeared <u>Melanie Graeve</u> to me personally known to be the individual described in and who executed the foregoing instrument.

| WITNESS my hand and official seal this _ | Soth | day of August, 2023. |
|------------------------------------------|------|----------------------|
|                                          |      |                      |

My Commission Expires:



Notary Public Printed Name of Notary: David Johnson

| Name of owner: Gregory James 12<br>Meyer Jr. | ak & Thomas<br><u>Revokable</u> Owner's telephone number: <u>305-496-7740</u><br>Trust |
|----------------------------------------------|----------------------------------------------------------------------------------------|
| Owner's address: 240 City View Dr.           | Fort Landerdale, FL 33311                                                              |
| IF SIGNER IS DIFFERENT FROM                  |                                                                                        |
| Name of signer:                              | GREGORY Irak                                                                           |
| State Basis of Legal Authority to Sign:      | OWNER                                                                                  |
| Signer's telephone number:                   | 305-496-7740                                                                           |
| Signer's mailing address:                    | 305-496-7740<br>10 240 City View Dr. Fort Loudendale FL 3331/                          |
| If owner is an individual:                   | Single Married                                                                         |
| If owner is not an individual, state what t  | ype of entity (Mark Applicable Box):                                                   |
| Corporation                                  | General Partnership                                                                    |

| Corporation                    |   | General Partnership             |                            |
|--------------------------------|---|---------------------------------|----------------------------|
| <br>Limited Partnership        |   | Limited Liability Company       | a filmente e se subjection |
| <br>Partnership                |   | Urban Redevelopment Corporation | ang water test process     |
| <br>Not-for-Profit Corporation | X | Other perokable Trust           |                            |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-11-11-00-0-03-005 | 323                              | \$86,241.00        |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Date: 8-17-23, 2023

Signature of person signing for owner

STATE OF <u>MO</u> ) ) ss COUNTY OF Jackson

On this 17 day of August 2023, before me personally appeared <u>Gregory James Izak</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 17 \_\_\_\_\_day of <u>August</u>, 2023. Notary Public / Printed Name of Notary: Abby Price pires: 01/12/2027 and a second and a second

| Name of owner: Groom Anita 3              | Owner's telephone number                          | : 816-419-7751 |
|-------------------------------------------|---------------------------------------------------|----------------|
| Owner's address: 1535 Waln                | 5 Owner's telephone number<br>ut Street, Unit 502 | 14M064108      |
| IF SIGNER IS DIFFERENT FROM               | OWNER:                                            | ARA            |
| Name of signer:                           |                                                   | Comm. Etc. D   |
| State Basis of Legal Authority to Sign:   |                                                   | ST 100 P O     |
| Signer's telephone number:                |                                                   | ATE            |
| Signer's mailing address:                 |                                                   |                |
| If owner is an individual:                | Single Married                                    | SOURI Munning  |
| If owner is not an individual, state what | type of entity (Mark Applicable Box):             |                |
| Corporation                               | General Partnership                               |                |
| Limited Partnership                       | Limited Liability Company                         |                |

| Limited Partnership        | Limited Liability Company       |
|----------------------------|---------------------------------|
| Partnership                | Urban Redevelopment Corporation |
| Not-for-Profit Corporation | Other                           |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-230-29-16-00-0-05-009 | 295                              | \$41,692.00        |
|                          |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: 1eb 7, 202014

STATE OF <u>Mo</u>) ss COUNTY OF <u>Jack San</u>) 4

On this 7 day of <u>February</u> 202<sup>\*</sup>, before me personally appeared <u>Arita J Grown</u>, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this \_\_\_\_\_\_ day of \_\_\_\_\_, 2023.

My Commission Expires: OL/ 12/2027

Notary Public Printed Name of Notary: Abby Price

| Name of owner: Grunauer Ni                | cholas Owner's telephone number:      |
|-------------------------------------------|---------------------------------------|
| Owner's address: 1803 Wyandot             | e #302 KCM0 64108                     |
| IF SIGNER IS DIFFERENT FROM               | OWNER:                                |
| Name of signer:                           | Nicholas Grunquer                     |
| State Basis of Legal Authority to Sign:   | Missouri                              |
| Signer's telephone number:                | 816 678 1799                          |
| Signer's mailing address:                 | 1803 WYANDOTTE # 302, FCMO 64108      |
| If owner is an individual:                | Single Married                        |
| If owner is not an individual, state what | type of entity (Mark Applicable Box): |

| Corporation                | General Partnership             |  |
|----------------------------|---------------------------------|--|
| Limited Partnership        | Limited Liability Company       |  |
| Partnership                | Urban Redevelopment Corporation |  |
| Not-for-Profit Corporation | Other                           |  |

| Tax Parcel Number(s):    | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|--------------------------|----------------------------------|--------------------|
| 29-520-11-11-00-0-03-001 | 323                              | 159,600            |
| ,                        |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

\_\_, 2023 Date:

STATE OF <u>MO</u>

) ss COUNTY OF <u>Jackson</u> )

On this 15 day of August 2023, before me personally appeared <u>Nicholas Grundues</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this \_\_\_\_\_\_ day of <u>August</u>, 2023.

Manna Manna Expires: 01/12/2027 frances and

Notary Public Printed Name of Notary: <u>Abby Price</u>

| Name of owner: Peter Hendrixson                                                 | Owner's telephone number: <u>816-217-8349</u> |                 |  |  |
|---------------------------------------------------------------------------------|-----------------------------------------------|-----------------|--|--|
| Owner's address: 2030 Grand Ave Un                                              | nit 2, Kansas                                 | Gty MO 64108    |  |  |
| IF SIGNER IS DIFFERENT FROM OWNER:                                              |                                               |                 |  |  |
| Name of signer:                                                                 |                                               |                 |  |  |
| State Basis of Legal Authority to Sign:                                         |                                               |                 |  |  |
| Signer's telephone number:                                                      |                                               |                 |  |  |
| Signer's mailing address:                                                       |                                               |                 |  |  |
| If owner is an individual:                                                      | Single                                        | X Married       |  |  |
| If owner is not an individual, state what type of entity (Mark Applicable Box): |                                               |                 |  |  |
| Companying                                                                      | 1 Cana                                        | nal Dantmanshin |  |  |

| Corporation                | General Partnership         Limited Liability Company         Urban Redevelopment Corporation |  |
|----------------------------|-----------------------------------------------------------------------------------------------|--|
| Limited Partnership        |                                                                                               |  |
| Partnership                |                                                                                               |  |
| Not-for-Profit Corporation | Other                                                                                         |  |

| Tax Parcel Number(s): | Parcel Number(s) from Exhibit B: | Assessed Value(s): |
|-----------------------|----------------------------------|--------------------|
| 2952035080000102      | 43 <b>25 (436</b> )              | \$418,000          |
|                       |                                  |                    |

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Date: November 11

Signature of person signing for owner

STATE OF MISSONCE ) ) ss COUNTY OF Jackson

On this  $15^{-12}$  day of <u>November</u> 2023, before me personally appeared <u>feter MendrixSom</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this

day of November 2023

My Commission Expires: // /04/2024



Notary Public Printed Name of Notary: <u>StevenKyle Satton</u>