

AMENDED PLAT OF LOT 6A OF AMENDED PLAT OF LOTS 3A, 4, 5, 6, & 7, BLOCK 1, ST. VINCENT HEALTHCARE SUBDIVISION

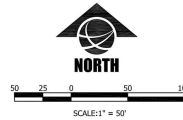
SITUATED IN THE SE1/4 OF SECTION 10, T. 1 S., R. 25 E., P.M.M.
IN THE CITY OF BILLINGS, YELLOWSTONE COUNTY, MONTANA

PREPARED FOR : SCL HEALTH

OCTOBER 2021

PREPARED BY : SANDERSON STEWART

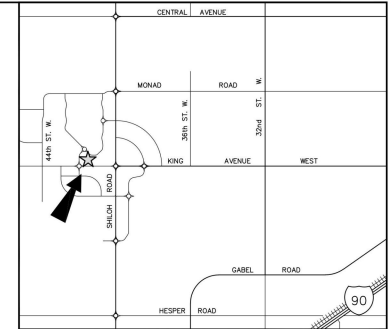
BILLINGS, MONTANA



BASIS OF BEARING: AMENDED PLAT OF LOTS 3A, 4, 5, 6, & 7,
BLOCK 1, ST. VINCENT HEALTHCARE SUBDIVISION

- FOUND SURVEY MONUMENT, REBAR & CAP MARKED "SANDERSON STEWART", OR AS NOTED.
- SET 5/8" X 18" REBAR WITH CAP MARKED WITH THE LICENSE NUMBER OF THE UNDERSIGNED LAND SURVEYOR AND "SANDERSON STEWART".

NOTE: ALL CURVES ARE TANGENT AND ALL PROPERTY LINES INTERSECTING CURVES ARE RADIAL UNLESS OTHERWISE NOTED.



VICINITY MAP
NOT TO SCALE

NOTICE OF APPROVAL

STATE OF MONTANA)
County of Yellowstone)

This plat has been approved for filing by the Yellowstone County Board of Planning and conforms to the recommendations of this board.

Date _____ President _____

Executive Secretary _____

CERTIFICATE OF CITY ENGINEER'S OFFICE

I hereby certify that annexed and foregoing plat conforms with Section 76-4-125(1)(g), M.C.A., for divisions located within jurisdictional areas that have adopted growth policies pursuant to chapter 1 or within first-class or second-class municipalities for which the governing body certifies, pursuant to 76-4-127, that adequate storm water drainage and adequate municipal facilities will be provided.

IN WITNESS WHEREOF, I have executed this CERTIFICATE OF APPROVAL this _____ day of _____, 20____.

City Engineer's Office _____

ERRORS AND OMISSIONS REVIEW

I hereby certify that I have examined the annexed and foregoing plat for errors and omissions in computations and drafting and find that said plat conforms with the requirements of the laws of the State of Montana, and that said plat conforms to the adjoining additions and plats of the City of Billings already plotted as nearly as circumstances will permit.

Examining Land Surveyor _____ Date _____

CERTIFICATE OF APPROVAL: CITY COUNCIL

STATE OF MONTANA)
County of Yellowstone)

We hereby certify that we have examined the annexed and foregoing AMENDED PLAT OF LOT 6A OF AMENDED PLAT OF LOTS 3A, 4, 5, 6, & 7, BLOCK 1, ST. VINCENT HEALTHCARE SUBDIVISION and find that said plat conforms with the requirements of the laws of the State of Montana, and the requirements of the Yellowstone County Board of Planning. It is therefore approved and the dedication to public use of any and all lands shown on this plat as being dedicated to such use are accepted.

IN WITNESS WHEREOF, we have set our hands and the seal of the CITY OF BILLINGS, MONTANA, this _____ day of _____, 20____.

CITY OF BILLINGS, MONTANA

By: _____ Mayor _____ Attest: _____ City Clerk _____

SUBDIVISION IMPROVEMENTS AGREEMENT

Document No.: _____

CERTIFICATE OF DEDICATION

STATE OF MONTANA)
County of Yellowstone)

KNOW ALL MEN BY THESE PRESENTS: That the undersigned owner of the following described tract of land does hereby certify that they have caused to be surveyed, subdivided and platted into lots, blocks and streets as shown on the annexed plat, said tract being situated in the SE1/4 of Section 10, T. 1 S., R. 25 E., P.M.M., in the City of Billings, Yellowstone County, Montana, said tract being more particularly described as follows, to-wit:

Lot 6A of the Amended Plat of Lots 3A, 4, 5, 6, and 7, Block 1, St. Vincent Healthcare Subdivision, according to the official plat on file in the Office of the Clerk and Recorder of Yellowstone County, Montana, under Document No. 3890847.

The park requirement for this subdivision has been previously met.

Said tract to be known and designated as AMENDED PLAT OF LOT 6A OF AMENDED PLAT OF LOTS 3A, 4, 5, 6, & 7, BLOCK 1, ST. VINCENT HEALTHCARE SUBDIVISION.

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC., a Kansas nonprofit corporation

By: _____

Title: _____

STATE OF _____)
County of _____)

On this _____ day of _____, 20____, before me, the undersigned Notary Public for the State of _____, personally appeared _____, known to me to be the person who signed the foregoing instrument as _____, _____, _____, Sisters of Charity of Leavenworth Health System Inc., and who acknowledged to me that said corporation executed the same. Witness my hand and seal the day and year herein above written.

Notary Public in and for the State of _____

CERTIFICATE OF SURVEYOR

STATE OF MONTANA)
County of Yellowstone)

The undersigned, a Land Surveyor licensed in the State of Montana, states that during the month of October, 2021, a survey was performed under his supervision of a tract of land to be known as AMENDED PLAT OF LOT 6A OF AMENDED PLAT OF LOTS 3A, 4, 5, 6, & 7, BLOCK 1, ST. VINCENT HEALTHCARE SUBDIVISION in accordance with the request of the owner thereof and in conformance with the Montana Subdivision and Platting Act; said subdivision, description of boundaries and dimensions being in accordance with the Certificate of Dedication and as shown on the annexed plat; that the monuments found and set are of the character and occupy the positions shown hereon and that the gross area and the net area is 201,163 Sq. Ft. (4.616 acres), more or less.

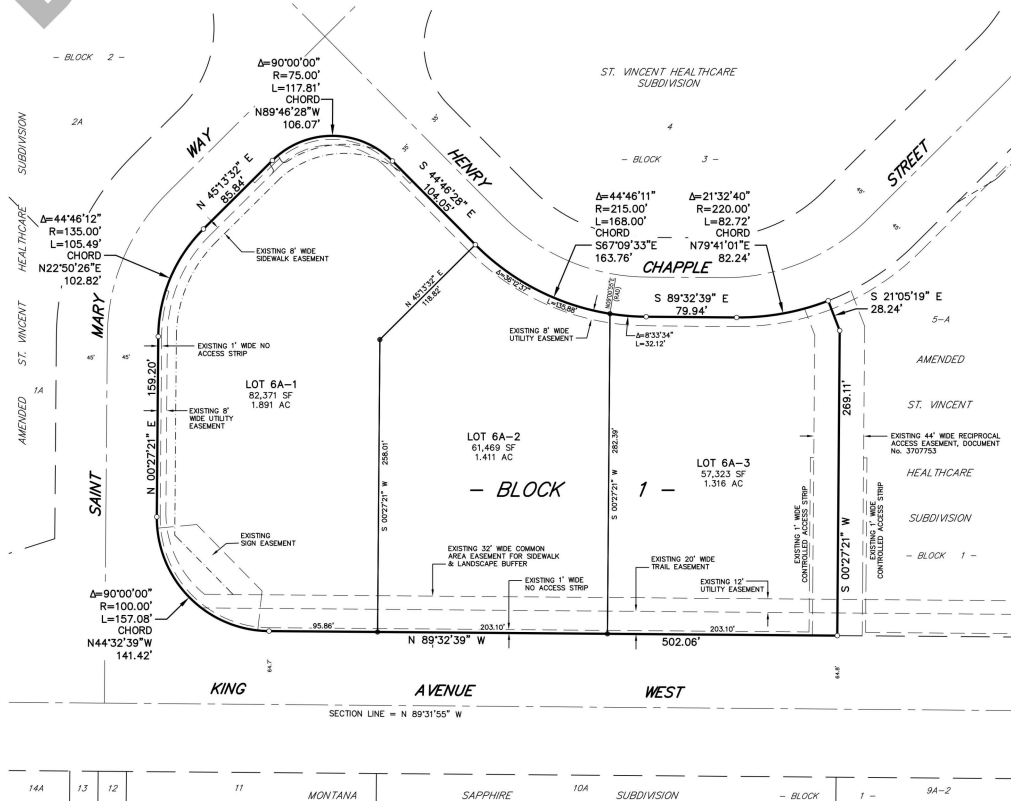
SANDERSON STEWART

By: _____

Montana License No. _____

Date: _____

RESERVED FOR CLERK AND RECORDER



CERTIFICATE OF COUNTY TREASURER

I hereby certify that all real property taxes and special assessments have been paid per 76-3-611(1)(b), 76-3-207(3), M.C.A.

Date: _____

Yellowstone County Treasurer

By: _____ Deputy

CERTIFICATE OF CITY ATTORNEY

This document has been reviewed by the City Attorney's office and is acceptable as to form.

Date: _____

Reviewed by: _____

