

## CLAIM FOR ACTUAL MOVING EXPENSES

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1. Name of Claimant(s)				Parcel No: 41 & 42	County: Williamson		
Infinite Recovery, LLC				ROW CSJ: N/A	Project No.: N/A		
Residence	Business		Farm	☐ Nonprofit ☐ Sign	1 Other		
2. Address of Property Acquired by State: 700 Stubblefield Ln., Liberty Hill, TX 787 Claimant's Telephone No.: 409-				3. Address Moved To: 13207 Wright Road, Buda, TX 78610			
4. Occupancy of Property Acquired by State:  From (Date): To (Date of Move):  11/2/20 12/30/22  Owner/Occupant Tenant  6. Controlling Dates Mo. Day Yr.				5. Distance Moved: 51 Miles 7. Mover's Name and Address: NSM			
a. First Offer in Negotiation	07	12	2021	9. Amount of Claim:			
b. Date Property Acquired	03	31	2022	a. Moving Expenses	\$		
c. Date Required to Move	12	30	2022	b. Reestablishment Expenses	\$25,000.00		
8. Property Storage (attach explanation) From (Date): N/A To (Date of Move): N/A  Place Stored (Name and Address): N/A  10. Temporary Lodging (attach explanation) From (Date): N/A To (Date of Move): N/A  11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense pard pursuant to this claim. Infurther certify that all property was moved and installed at the address shown in Block 3 above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and dorrect.  Claimant  Claimant  Claimant							
C	laimant						
Spaces Below to be Completed by Williamson County  I certify that I have examined this claim and substantiating documentation attached herewith, and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows:							
Amount of \$25,000.00				Bill Through.			
Date				Bill Gravell (Nov 28, 2022 19:40 CST)  Williamson County Authorized S	Signature:		



## Memo

Date:	November 11, 2022
Project:	Liberty Hill Bypass
To:	Don Childs, Lisa Dworaczyk, - Sheets & Crossfield, P.C.
From:	Daniel Shaw
Subject:	Parcel 41 & 42 –Infinite Recovery LLC - Reestablishment Claim

The following: documents are included to support the request:

- 1. ROW-R-99 Claim for Reestablishment Expenses
- 2. Invoices and Cancelled Checks
- 3. Photographs
- 4. W-9
- 5. Certificate of Eligibility

The displacee, Infinite Recovery, LLC, is being displaced from 700 Stubblefield Ln, Liberty Hill, TX., 78642, due to the Liberty Bypass Project.

Infinite Recovery, LLC, has found a replacement site and the new site needs some improvements made to prepare the building for patients and staff. Infinite Recovery LLC has chosen to utilize their re-establishment funds to make the necessary improvements to their replacement site. The estimate/invoice is more than the maximum allowed for re-establishment. Infinite Recovery, LLC understands that the benefit maximum is \$25,000.00. All invoices with cancelled checks are included just to show what they paid.

Should any additional information be required, please contact me at 346-260-7260 or dshaw@pinnaclegroup.biz

Daniel Shaw, Project Manager

Attachments



# Invoice # 2323

Date: 04/03/2022

Bill To

Infinite Recovery

Address: 13207 Wright Rd City: Buda, Tx 78610

512-422-0870

For

Paint and Remodeling

Item Description	Amount
Main Building Exterior and Interior Paint	
Primer and 2 coats of Paint (Sherwin Williams 100% acrylic	
Wood prep doors and trim and all supplies	
Labor and Materials Included — Subtotal	\$13,500.00

**Total Cost** 

\$13,500.00

Make all checks payable to Morales Painting & Remodeling Thank you for your business!



### Full Analysis Bus Chk - 2941: Account Activity Transaction Details

**Check number:** 

Post date: 05/20/2022

-13,500.00 Amount:

> Type: Check

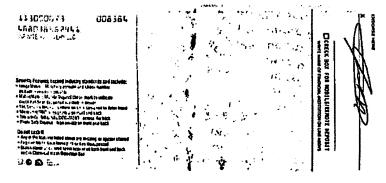
**Description:** Check

Merchant name: Check

> Merchant information:

**Transaction** Cash, Checks & Misc: Checks category:

\$ -13,500.00





## Invoice # 2327

Date: 05/22/2022

Bill To

Infinite Recovery

Address: 13207 Wright Rd City: Buda , Tx 78610

512-422-0870

For

Paint and Remodeling

Item Description	Amount	
Buildings left and right of Main Building — Exterior and Interior Paint		
Primer and 2 coats of Paint (Sherwin Williams 100% acrylic)		
Wood prep doors and trim and all supplies		
Labor and Materials Included — Subtotal	\$16,052.00	

**Total Cost** 

\$16,052.00

Make all checks payable to Morales Painting & Remodeling Thank you for your business!



### Full Analysis Bus Chk - 2941: Account Activity Transaction Details

**Check number:** 

Post date: 05/24/2022

**Amount:** -16,052.00

> Type: Check

**Description:** Check

**Merchant name:** Check

> Merchant information:

Cash, Checks & Misc: Checks **Transaction** category:

Basis of America ACH R/T 111000025 INFINITE RECOVERY LLC 7517 CAMERON ED STE 118 AUSTER, TX 7875-2-2053 05/24/2022 ~16,052,00 Morabas Peinting & Remodeling SVS LLC 1605 Tulpan Ave Mission, TX 78572





# Invoice # 2349

Date: 06/08/2022

Bill To

Infinite Recovery

Address: 13207 Wright Rd City: Buda , Tx 78610

512-422-0870

For

Paint and Remodeling

Item Description	Amount		
Buildings in back - 2 sheds, conference center, dining/kitchen, offices Exterior and Interior P			
Primer and 2 coats of Paint (Sherwin Williams 100% acrylic)			
Wood prep doors and trim and all supplies			
Labor and Materials Included – Subtotal	\$19,834.81		

**Total Cost** 

\$19,834.81

Make all checks payable to Morales Painting & Remodeling Thank you for your business!



#### Full Analysis Bus Chk - 2941: Account Activity Transaction Details

**Check number:** 

Post date: 06/10/2022

Amount: -19,834.81

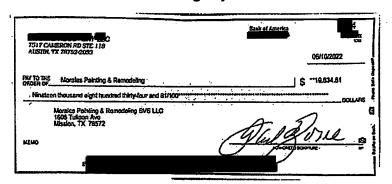
> Type: Check

**Description:** Check

Merchant name: Check

> Merchant information:

**Transaction** Cash, Checks & Misc: Checks category:







ROW CSJ:

## **CERTIFICATION OF ELIGIBILITY**

Parcel:	
Displacee:	
Individuals, Families and Unincorporated Businesses or Farming Operations	
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:  Citizens or Nationals of the United States	
☐ Aliens lawfully present in the United States	
* If an Alien lawfully present in the United States, supporting documentation will be required.    Claimant   Date: 8/39/3036	1.0
Claimant Date:	
Incorporated Business, Farm or Nonprofit Organizations	
I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.	
Date:	