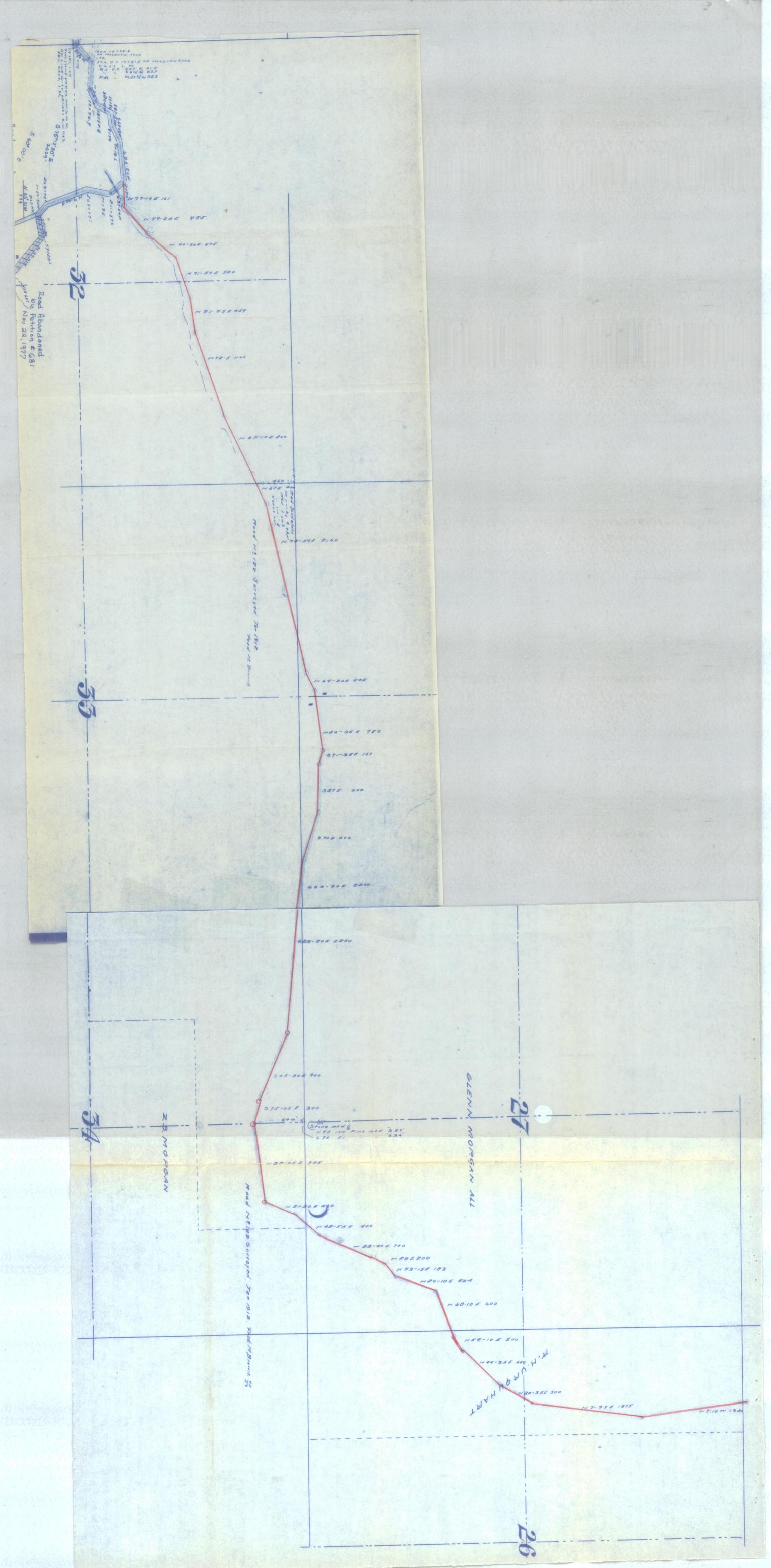
Road Petition 684 Abandon Roads# 239 + 122

Road abandon apr 26, 19178
Blacktail

Book 39 Page 276



# PETITION TO CLOSE COUNTY ROAD

To the Honorable Board of County Commissioners
Gallatin County, Montana

## Gentleman:

We the undersigned Freeholders of Gallatin County, Montana, taxable herein for road purposes, do hereby petition your Honorable Body to abandon the following County Road and being more particularly described as follows:

Starting point is where Woods Road #239 and Road #122 intersect in Section 32, Township 4 North, Range 5 East; thence N.77° 10' E. for 161 feet, thence N 49° 20' E. for 455 feet; thence N. 40° 30' E. for 475 feet; thence N. 71° 50' E. for 520 feet; thence N. 81° 25' E. for 459 feet; thence N 72° E for 1100 feet; thence N. 65° 10' E. for 800 feet; thence N. 67° E. for 400 feet; thence N. 78° 50' E. for 2160 feet; thence N. 64° 20' E. for 245 feet; thence N. 84° 35' E. for 750 feet; thence S. 71° 35' E for 167 feet; thence S. 87° E. for 600 feet; thence S. 70° E. for 600 feet; thence S. 80° E. for 900 feet; thence S. 75° 05' E. for 300 feet; thence N. 82° 05' E. for 2200 feet; thence N. 21° 20' E. for 400 feet; thence N. 42° 55' E. for 400 feet; thence N. 23° 40' E. for 700 feet; thence N. 28° E. for 200 feet; thence N. 53° 15' E. for 183 feet; thence N. 20° 10' E. for 524 feet; thence N. 68° 10' E. for 600 feet; thence N. 59° 10' E. for 200 feet; thence N. 44° 35' E. for 600 feet; thence N. 68° 10' E. for 500 feet; thence N. 07° 35' E. for 1375 feet; thence N. 07° 10' W. for 1300 feet; thence N. 14° 40' W. for 3855 feet; thence N. 44° 40' W. for 265 feet; thence N. 38° 10' W. for 600 feet; thence N. 41° 45' W. for 800 feet; thence N. 40° 10' E. for 1725 feet; thence N. 00° 10' E. for 1000 feet; thence N. 20° 10' E. for 82° 55' E. for 350 feet; thence N. 00° 50' E. for 125 feet; thence N. 03° 55' W. for 1000 feet; thence N. 00° 10' E. for 125 feet; thence N. 03° 55' E. for 350 feet; thence N. 00° 50' E. for 842 feet; thence N. 01° 25' W. for 1400 feet; thence N. 24° 35' W. for 835 feet; thence N. 01° E for 400 feet; thence N. 10° 45' W. for 1575 feet to the intersection with Road #318 in Township 4 North, Range 5 East in Section 10.

Total distance 6.88 miles.

Road to be abandon platted in red.

|    | of Montana<br>y of Gallatin | }   | SS.      | , 19 <i>78</i> |
|----|-----------------------------|-----|----------|----------------|
| at | 9.10<br>Caly.               | fle | _o'clock | <u>А</u> М.    |
|    | County Clerk &              | Re  | corder   |                |
| Ву |                             | De  | eputy    |                |

Fee \$

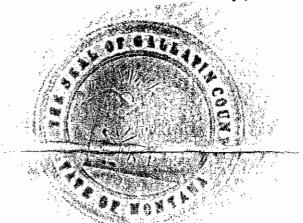
DESCRIPTION OF LAND OWNED BY PETITIONERS

# CERTIFICATE OF COUNTY CLERK AND RECORDER Relating to Closure of County Roads Number 239 and 122

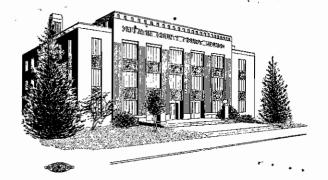
State of Montana )
) ss
County of Gallatin)

I, Carl L. Stucky, do hereby certify that I am the duly elected, qualified and acting County Clerk and Recorder for Gallatin County, State of Montana, that I have examined the attached petition and hereby certify that all of those marked with \_\_\_\_ are real property owners of the County of Gallatin.

IN WITNESS WHEREOF, I have hereunto subscribed my name and attached the seal of my office at Bozeman, the County Seat of the said County, this 7th day of April A.D., 1978.



Carl L. Stucky, County Clerk and Recorder for Gallatin County, State of Montana



### State of Montana

# **COUNTY OF GALLATIN**

Bozeman

April 10, 1978

# VIEWERS REPORT PETITION NO. 684

We, the undersigned, acting as the Board of Viewers for the county of Gallatin, made inspection of the road as described in Petition No. 684 on April 10, 1978, and do agree and do hereby recommend the road be abandoned and closed to the public use.

George Sager, Commissioner

Robert H. Babb, P.E. County Surveyor

ohn Buttelman, Commissioner



### State of Montana

# **COUNTY OF GALLATIN**

Bozeman

April 27, 1978

### NOTICE TO PETITIONERS & ADJOINING LANDOWNERS

This is to notify you that the Board of County Commissioners held a hearing on Road Petition No. 684 for the abandonment of the following county road.

Starting point is where Woods Road #239 and Road #122 intersect in Section 32, Township 4 North, Range 5 East; thence N. 77° 10' E. for 161 feet, thence N. 49° 20' E. for 455 feet; thence N. 40° 30' E. for 475 feet; thence N. 71° 50' E. for 520 feet; thence N. 81° 25' E. for 459 feet; thence N. 72° E. for 1100 feet; thence N. 65° 10' E. for 800 feet; thence N. 67° E. for 400 feet; thence N. 78° 50' E. for 2160 feet; thence N. 64° 20' E. for 245 feet; thence N. 84° 35' E. for 750 feet; thence S. 71° 35' E. for 167 feet; thence S. 87° E. for 600 feet; thence S. 70° E. for 600 feet; thence S. 83° 20' E. for 2200 feet; thence S. 65° 30' E. for 900 feet; thence S. 75° 05' E. for 300 feet; thence N. 82° 05' E. for 985 feet; thence N. 21° 20' E. for 400 feet; thence N. 42° 55' E. for 400 feet; thence N. 23° 40' E. for 700 feet; thence N. 28° E. for 200 feet; thence N. 53° 15' E. for 183 feet; thence N. 20° 10' E. for 524 feet; thence N. 68° 10' E. for 600 feet; thence N. 59° 10' E. for 200 feet; thence N. 44° 35' E. for 600 feet; thence N. 30° 35' E. for 500 feet; thence N. 07° 35' E. for 1375 feet; thence N. 07° 10' W. for 1300 feet; thence N. 14° 40' W. for 3855 feet; thence N. 44° 40' W. for 265 feet; thence N. 38° 10' W. for 600 feet; thence N. 41° 45' W. for 800 feet; thence N. 37° 10' W. for 545 feet; thence N. 20° 10' W. for 800 feet; thence N. 00° 05' W. for 1100 feet; thence N. 06° 10' E. for 1725 feet; thence N. 03° 05' W. for 1000 feet; thence N. 23° 55' E. for 350 feet; thence N. 09° 50' E. for 842 feet; thence N. 01° 25' W. for 1400 feet; thence N. 24° 35' W. for 835 feet; thence N. 01° E. for 400 feet; thence N. 10° 45' W. for 1575 feet; to the intersection with Road #318 in Township 4 North, Range 5 East in Section 10.

There being no objections it was unaminously carried by the Board of County Commissioners that the road be closed.

Sincerely,

Road Office Supervisor

GT:hh



### State of Montana

# COUNTY OF GALLATIN

Bozeman

# NOTICE TO PETITIONERS & ADJOINING LANDOWNERS

This is to notify you that the Board of County Commissioners have accepted the report of the Board of Viewers, Mr. Robert Babb, County Surveyor and Commissioners Mr. Sager, on Petition No. 684. This petition is for the abandonment of the County road and being more particularly described as follows:

Starting point is where Woods Road #239 and Road #122 intersect in Section 32, Township 4 North, Range 5 East; thence N. 77° 10' E. for 161 feet, thence N 49° 20' E. for 455 feet; thence N. 40° 30' E. for 475 feet; thence N. 71° 50' E. for 520 feet; thence N. 81° 25' E. for 459 feet; thence N. 72° E. for 1100 feet; thence N. 65° 10' E. for 800 feet; thence N. 67° E. for 400 feet; thence N. 78° 50' E. for 2160 feet; thence N. 64° 20' E. for 245 feet; thence N. 84° 35' E. for 750 feet; thence S. 71° 35' E. for 167 feet; thence S. 87° E. for 600 feet; thence S. 70° E. for 600 feet; thence S. 83° 20' E. for 2200 feet; thence S. 65° 30' E. for 900 feet; thence S. 75° 05' E. for 300 feet; thence N. 82° 05' E. for 985 feet; thence N. 21° 20' E. for 400 feet; thence N. 42° 55' E. for 400 feet; thence N. 23° 40' E. for 700 feet; thence N. 28° E. for 200 feet; thence N. 53° 15' E. for 183 feet; thence N. 20° 10' E. for 524 feet; thence N. 68° 10' E. for 600 feet; thence N. 59° 10' E. for 200 feet; thence N. 44° 35' E. for 600 feet; thence N. 30° 35' E. for 500 feet; thence N. 07° 35' E. for 1375 feet; thence N. 07° 10' W. for 1300 feet; thence N. 14° 40! W. for 3855 feet; thence N. 44° 40' W. for 265 feet; thence N. 38° 10' W. for 600 feet; thence N. 41° 45' W. for 800 feet; thence N. 37° 10' W. for 545 feet; thence N. 20° 10' W. for 800 feet; thence N. 00° 05' W. for 1100 feet; thence N. 06° 10' E. for 1725 feet; thence N. 03° 05' W. for 1000 feet; thence N. 23° 55' E. for 350 feet; thence N. 09° 50' E. for 842 feet; thence N. 01° 25' W. for 1400 feet; thence N. 24° 35' W. for 835 feet; thence N. 01° E. for 400 feet; thence N. 10° 45' W. for 1575 feet to the intersection with Road #318 in Township 4 North, Range 5 East in Section 10.

A hearing on the above matter has been set by the Board of County Commissioners for Wednesday the 26th day of April, A.D., 1978 at 2:00 P.M., in the Commissioners office in Bozeman, Montana, at which time the Commissioners will make final determination of the merits of said matter, and at which time all persons interested may make objections or offer suggestions relative to the proposals in the Road Petition.

Unless a landowner or taxpayer wants to protest this petition you are not required to attend.

Dated this \_\_// day of April, A.D., 1978 at Bozeman, Montana.

Yours truly,

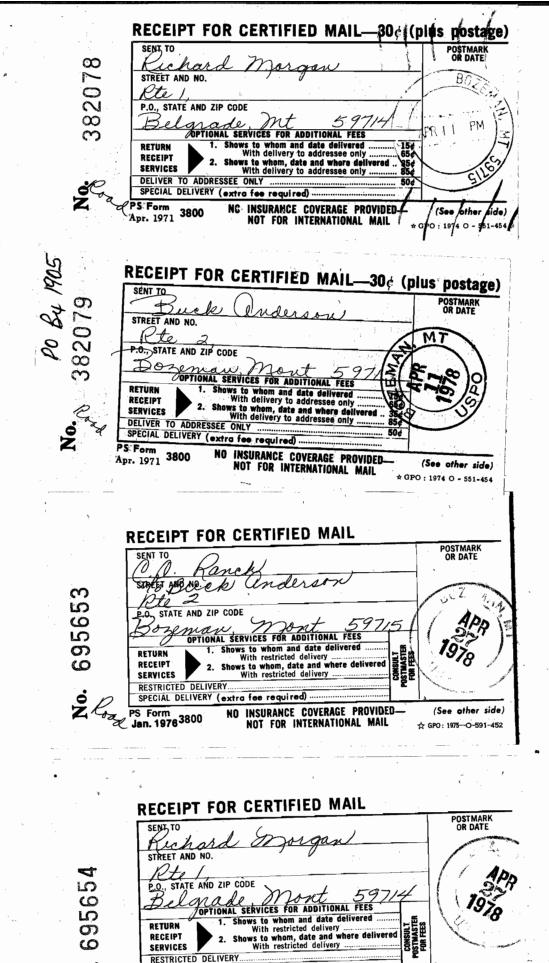
Road Office Supervisor

Bozeman, Montana

# Registered Letters for Petition #684

Richard Morgan Rte 1, Belgrade, Montana

C.A. Ranch
Buck Anderson
Rte 2,
Bozeman, Montana



SPECIAL DELIVERY (extra fee required)

PS Form 3800

NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

☆ GPO: 1975—O-591-452

| O SENDER COLUMN TO THE TOTAL OF |                                                                                                                                                                                                                                                                                              |  |
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| SENDER: Complete items 1, 2, and 3, Add your address in the "RETURN TO" space on reverse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SENDER: Complete items 1, 2, and 3.  Add your address in the "RETURN TO" spareverse.                                                                                                                                                                                                         |  |
| 1. The following service is requested (check one).  Show to whom and date delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. The following service is requested (check one).  Show to whom and date delivered.  Show to whom, date, and address of delivery.  RESTRICTED DELIVERY  Show to whom and date delivered.  RESTRICTED DELIVERY.  Show to whom, date, and address of delivery.  (CONSULT POSTMASTER FOR FEES) |  |
| 2. ARTICLE ADDRESSED TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. ARTICLE ADDRESSED TO:                                                                                                                                                                                                                                                                     |  |
| 3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   INSURED NO.   382079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   INSURED I                                                                                                                                                                                                                           |  |
| (Always obtain signature of addressee or agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Always obtain signature of addressee or agent)  I have received the article described above.  SIGNATURE  Addressee  Authorized as                                                                                                                                                           |  |
| Authorized agent  Authorized agent  DATE OF DELIVERY  DATE OF DELIVERY  DATE OF DELIVERY  POSTMARK  5. ADDRESS (Complete only if requested)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE OF DELIVERY  J. J                                                                                                                                                                                                                                   |  |
| 6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6. UNABLE TO DELIVER BECAUSE:  CLEF INITION  GPO: 1977—                                                                                                                                                                                                                                      |  |
| ● SENDER: Complete items 1, 2, and 3.  Add your address in the "RETURN TO" space on reverse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" sp. reverse.                                                                                                                                                                                                         |  |
| 1. The following service is requested (check one).  Show to whom and date delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. The following service is requested (check one).  Show to whom and date delivered                                                                                                                                                                                                          |  |
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| 3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   INSURED NO.   69.576.54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   INSURED                                                                                                                                                                                                                             |  |
| (Always obtain signature of addressee or agent)  I have received the article described above.  SIGNATURE Addressee Authorized agent  DATE OF DELIVERY  SUND  ADDRESS (Complete only if requested)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Always obtain signature of addressee or agent)  I have received the article described above.  SIGNATURE Addressee Authorized a  DATE OF DELIVERY  DATE OF DELIVERY  FORTING  6. UNABLE TO DELIVER BECAUSE:  CLE INIT                                                                        |  |
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| 9811, Apr. 1977                                   | 1. The following service is requested (check one).  Show to whom and date delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| RETURN RECEIPT,                                   | 2. ARTICLE ADDRESSED TO: 3. ARTICLE DESCRIPTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PT, REG                                           | REGISTERED NO. CERTIFIED NO. INSURED NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| REGIȘTERED, IN                                    | (Always obtain signature of addressee or agent)  I have received the article described above.  SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| INSURED AND                                       | 4. DATE OF DELIVERY  5. ADDRESS (Complete only if requested)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| ED MAIL                                           | 6. UNABLE TO DELIVER BECAUSE:  CLERK'S INITIALS  Small                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PS Form                                           | SENDER: Complete items 1, 2, and 3.  Add your address in the "RETURN TO" space on reverse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PS Form 3811, Apr. 1977                           | 1. The following service is requested (check one).  Show to whom and date delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| CEIPT, REG                                        | 3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   INSURED NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| SERTIFIED MAIL                                    | 6. UNABLE TO DELIVER BECAUSE:  CLERK'S INITIALS  AGPO: 1977-0-234-33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |