

MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING AGENDA

Date & Time of Meeting: Tuesday, January 11, 2022 3:30 p.m.

Meeting Location: Marathon County Courthouse, County Board Assembly Room 500 Forest Street, Wausau WI 54403 Members: John Robinson, Chair; Alyson Leahy, Vice-Chair; Craig McEwen, Kurt Gibbs, Yee Leng Xiong, Jonathan Fisher, Jennifer Aarrestad

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly, or in cooperation with other public and private partners, provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12/20/05)

Human Resources, Finance & Property Committee Mission/Purpose: Provide leadership for the implementation of the County Strategic Plan, monitoring outcomes, reviewing and recommending to the County Board policies related to the human resources initiatives, finance and property of the County.

The meeting location identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Human Resources, Finance and Property Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number: 1-408-418-9388 Access Code: 146 078 0067 Password: none

If you are prompted to provide an "Attendee Identification Number," enter the "#" sign. No other number is required to participate in the telephone conference. When you enter the telephone conference, PLEASE PUT YOUR PHONE ON MUTE!

- 1. Call to Order-Please silence your cellphones
- 2. Public Comment Period
- 3. Approval of the Minutes of the December 8, 2021 Human Resources, Finance and Property Committee Meeting
- 4. Educational Presentations/Outcome Monitoring Reports-None
- 5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - 1. Approval of the December 2021 Claims and Questioned Costs-Palmer
 - 2. Interdepartmental Budget Transfers
 - 3. Potential Sale of Excess Right-of-Way, 1427 Lake Street (17th Avenue, North of Lake Wausau)
 - 4. Tax Deed Properties
 - a) Reconsideration of Bid Acceptance-234495 Fire Station Road Wausau, WI (Bid Originally Accepted on December 8, 2021)
 - b) Bid Opening for Tax Deed Property 2019-3
 - c) Review of Appraisals for 1308 and 1312 N 16th Ave, Wausau, WI and potential of combining the parcels for sale
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - 1. Conservation, Planning and Zoning Department Zoning and Regulatory Program Staffing Restructure-Miskimins
 - 2. Discussion of criteria, process, and timelines for distributions of American Rescue Plan Act (ARPA) funding
 - a) Consideration of authorizing expenditure of ARPA funding for leasing space within Community Partner Campus
 - b) Consideration of authorizing expenditure of ARPA funding for Uniquely Wisconsin program offered by Wisconsin Counties' Association and Discover Wisconsin
- 6. Policy Issues Discussion and Committee Determination
 - A. Proposed Financing Schedule Series 2022 V1 for 2022 Capital Improvement Plan
- 7. Announcements:

Next Meeting Date-January 25, 2022 at 4:00 p.m.

8. Adjourn

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715 261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

Faxed to: Wausau Daily Herald

Faxed to: City Pages
Faxed to: Record Review

Faxed by/time: K Palmer 1/7/2022 3:30 pm

Posted to the County Website:

SIGNED J Robinson/s/K Palmer
Presiding Officer or Designee

NOTICE POSTED AT THE COURTHOUSE

By/Date/Time: K Palmer 1/7/2022 3:30 pm www.co.marathon.wi.us



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: Wednesday, December 8, 2021; 3:30 p.m.

Meeting Location: Marathon County Courthouse, County Board Assembly Room 500 Forest Street, Wausau WI 54403

| Members | Present/Web-Phone | Absent |
|-------------------------|-------------------|--------|
| Chair John Robinson | Р | |
| Vice Chair Alyson Leahy | Р | |
| Craig McEwen | W | |
| Kurt Gibbs | Р | |
| Yee Leng Xiong | W | |
| Jonathan Fisher | W | |
| Jennifer Aarrestad | Р | |

Also Present or via web: Kristi Palmer, Lance Leonhard, Michael Puerner, Jean Maszk, Terry Kaiser, Dejan Adzic, Molly Adzic, James Griesbach, Gerry Klein, Kim Trueblood, Chief Deputy Billeb, Jamie Polley

- 1. Call to Order-Please silence your cellphones
- 2. Public Comment Period -None
- 3. Approval of the Minutes of the November 23, 2021 Human Resources, Finance and Property Committee Meeting

McEwen and second by Fisher to approve the minutes; unanimous

- 4. Educational Presentations/Outcome Monitoring Reports-None
- 5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - 1. Approval of the November 2021 Claims and Questioned Costs-Palmer

Motion by Leahy and seconded by Fisher to approve November claims; unanimous

- 2. Interdepartmental Budget Transfers
 - a. General Budget Transfers-None
 - b. Transfer for previous year DA staff invoice not billed by the State of Wisconsin

Follow Up: Bring back in January with resolution to the invoice issue

3. Tax Deed Properties

a. 234495 Fire Station Road Wausau, WI

Bid #1 \$21,550 bid from James A Flees

Bid #2 for \$21,622 Michael Witzeling

Bid #3 \$28,0000 Jeffery S Borse-He is the original owner of the property the County can consider that as a factor if warranted.

Motion by McEwen and seconded by Aarrestad to accept the bid for the \$28,000 for the property at 234495 Fire Station Road; unanimous

b. Tax Deed Property Sale 2019-3

Bid #1 for \$405

There was a bid in the past for \$1,000 that was rejected. The price was established by assessed value.

Motion by Xiong and seconded Leahy to reject the offer; unanimous

<u>Follow Up</u>: Robinson request that we should bundle the two parcels and sell together. Corporation Counsel will investigate this issue and get back to the Committee.

4. Resolution on the Acceptance of the Opioid Settlement

Corporation Counsel discussed the settlement resolution and conditions of the settlement. If a County does not sign on then the award may be significantly lower. The award will be paid out over 20 years. The funds will be paid directly to the County and will be used for mitigation and treatment of Opioid use and abuse. If the County does not sign the agreement then the County has 90 days to actively pursue the suit.

Motion by Gibbs and seconded by Fisher to approve the Resolution on the Acceptance of the Opioid Settlement and forward to the County Board; unanimous

Follow Up: Supervisor Gibbs will ask about attorney fees in regards to the Opioid settlement.

MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

MARATHON COUNTY wisconsin central time

Date & Time of Meeting: Wednesday, December 8, 2021; 3:30 p.m

- 5. American Rescue Plan
- a. ARPA process, criteria and timeline
- b. Funding and Eligible Expense Categories

The Committee can look at the list and inventory of potential projects and criteria and visualize where these items might fit into each bucket.

<u>Follow Up</u>: In coordination with County Administration, the 3 documents will be sent out and forwarded to the Committee members for further discussion.

- B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
- 1. Discussion and Possible Action-Repeal and Creation of new Marathon County Procurement Code Corporation Counsel discussed the changes to the Procurement Code. The new thresholds are more in line with federal guidelines. Robinson-How do we insure compliance and integrity to the process? Leonhard-The old code was hard to understand. This code is laid out in a logical format and having a flow chart for training is essential to having the correct information for departments. Gibbs-Are there limitation that we can put on the new ERP system? Palmer-We will be able to determine this as we meet with the consultant building the ERP workflow. Gibbs-Would there be an interest to develop a centralized purchasing department. Thank you to Corporation Counsel's office for this modernized Procurement Code.

Motion by Gibbs and seconded by Fisher to repeal and create a new Procurement Code and forward to County Board as presented; unanimous

2. Resolution to Amend the 2021 CIP for Courtroom and Jail audio/video enhancements Chief Deputy Billeb discussed the 2021 CIP project for Courtroom and Jail audio/video court options. The current set up during the COVID-19 work and it is not meeting the needs of the courts very well. The courtrooms have been upgraded to a software that allows for court reporters to complete the work remotely. This will also allow for limiting the transportation of inmates for court. We will use video court technology for court hearing as needed for effective administration of the courts. There can be multiple hearings at one time with this technology. The costs will be approximately \$70,000 per courtroom, wiring and jail upgrades. We are asking that ARPA funding could be the funding source for this project under 1. Public Safety 1.7 category for this project.

Motion by Gibbs and seconded by Fisher to approve the Resolution to amend the 2021 CIP for the Courtroom and Jail audio/video Enhancement and forward to the County Board; unanimous

- 3. Resolution to Amend the 2021 CIP for the CIP Project Big Eau Pleine Electrical Upgrade The bids for the horse barn are double the price budgeted and we will reprioritize that project.

 Motion by Leahy and seconded by Fisher to Amend the 2021 CIP for the Big Eau Plaine Electrical Upgrade; unanimous
- 6. Policy Issues Discussion and Committee Determination-None
- 7. Announcements: Next Meeting Date-January 11, 2022 3:30 pm. 2022 HRFC meeting schedule The additional January 2022 meeting will be added along with the Joint CWA meeting. The April reorganization may change the meeting dates T/B/D
- 8. Adjourn-Motion to adjourn by Leahy and seconded by Fisher to adjourn at 4:55 pm.

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Season Welle**, **Kristi Palmer**, and to your Department Head. This email will confirm that your Department Head acknowledges and approves this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

| PARTMENT: ADRC-CV | V | BUDGET YEAR: 2 | BUDGET YEAR: 2021 | | | | |
|----------------------|---------------------------------|--|-------------------|--|--|--|--|
| TRANSER FROM: | | | | | | | |
| Action | Account Number | Account Description | Amount | | | | |
| Revenue Increase | DAJ DAJ 8 2381 | VACCINE ACTIVITY GRANT | 43188 | | | | |
| RANSER TO: | Account Number | Account Description | Amount | | | | |
| Expenditure Increase | DAJ DAJ 9 1250 | WAGES REG PT TEMP | 30000 | | | | |
| Expenditure Increase | DAJ DAJ 9 3260 | ADVERTISING | 13188 | | | | |
| | / transfer of funds as discusse | Resources, Finance & Property Committee ed in the attached supplemental information Date Complemental Complem | on. | | | | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) |
|------|---|
| | ADRC CW VACCINE ACTIVITY GRANT |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | This grant is used to promote COVID 19 vaccine for older adults throughout the four county region. This is a temporary grant to be used between. October 2021 – September 2022. |
| 3) | This program is: (Check one) |
| | ☐ An Existing Program. |
| | ☑ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | \square Increase/Decrease in Grant Funding for Existing Program. |
| | \square Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☑ Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☐ This Program is not a Grant. |
| | ☑ This Program is a Grant, but there is no Local Match requirement. |
| | \square This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | \square Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | ☐ Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \square The capital request HAS been approved by the CIP Committee. |
| | \square The capital request HAS NOT been approved by the CIP Committee. |
| СОМР | LETED BY FINANCE DEPARTMENT: |
| | of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |
| | |

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Budget Transfer Authorization Request Form

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| EPARTMENT: ADRC-CW | | BUDGET YEAR: 2021 | | |
|----------------------|----------------------------------|--|--------|--|
| RANSER FROM: | | | | |
| Action | Account Number | Account Description | Amount | |
| Revenue Increase | DCB SCB 8 2520 | FOOD SERVICES | 60610 | |
| RANSER TO: | | | | |
| Action | Account Number | Account Description | Amount | |
| Expenditure Increase | DCB DCB 9 1110 | SALARIES PERM REG FT | 29610 | |
| Expenditure Increase | DCB DCB 9 1544 | HLTH INS CONVERSION RET | 2000 | |
| Expenditure Increase | DCB DCB 9 2250 | TELEPHONE | 10000 | |
| Expenditure Increase | DCB DCB 9 2995 | COMPUTER MAINT CONTRACT | 4000 | |
| Expenditure Increase | DCB DCB 9 2995 | POSTAGE | 3000 | |
| Expenditure Increase | DCB DCB 9 3260 | ADVERTISING | 10000 | |
| Expenditure Increase | DCB DCB 9 5140 | GENERAL LIABILITY INS | 2000 | |
| <u> </u> | : / transfer of funds as discuss | Resources, Finance & Property Committee a sed in the attached supplemental information Date Comple | n. | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) ADRC CW IIIB ADMIN |
|----------|---|
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| · | This grant is used to administrative expenses for the Aging programs throughout the four county region |
| 3) | This program is: (Check one) |
| | ☑ An Existing Program. |
| | ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☑ Increase/Decrease in Grant Funding for Existing Program. |
| | \square Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☐ Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☐ This Program is not a Grant. |
| | ☐ This Program is a Grant, but there is no Local Match requirement. |
| | ☑ This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☐ Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | ☐ Yes, the Amount is Less than \$30,000. |
| | ☐ Yes, the Amount is \$30,000 or more AND: (Check one) |
| | ☐ The capital request HAS been approved by the CIP Committee. |
| | \square The capital request HAS NOT been approved by the CIP Committee. |
| | |
| СОМР | LETED BY FINANCE DEPARTMENT: |
| Is 10% (| of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |

Budget Transfer Authorization Request Form

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| DEPARTMENT: | ADRC-CW | BUDGET YEAR: | 2021 | |
|-------------|---------|--------------|------|--|
| | | | | |
| | | | | |

TRANSER FROM:

| Action | Account Number | Account Description | Amount |
|----------------------|--|---------------------|--------|
| Expenditure Decrease | enditure Decrease DCF DCG 9 1110 SAL PERM REG FT | | 15000 |
| Expenditure Decrease | DCF DCI 9 2180 | FOOD SERVICES | 100000 |
| Expenditure Decrease | DCF DCG 9 1210 | WAGES PERM REG FT | 10000 |
| Expenditure Decrease | DCF DCG 9 1540 | HOSPITAL HEALTH INS | 5543 |
| Expenditure Decrease | DCF DCL 9 1211 | WAGES PERM REG PT | 17000 |
| Expenditure Decrease | DCF DCL 9 2180 | FOOD SERVICES | 30000 |
| Expenditure Decrease | DCF DCM 9 2180 | FOOD SERVICES | 20000 |
| Expenditure Decrease | DCF DCN 9 2180 | FOOD SERVICES | 35000 |
| Expenditure Decrease | DCF DCP 9 2180 | FOOD SERVICES | 20000 |
| Expenditure Decrease | DCF DOA 9 2180 | FOOD SERVICES | 20000 |
| Expenditure Decrease | DCF DCS 9 2180 | FOOD SERVICES | 11000 |
| | | | |

TRANSER TO:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|---------------------|--------|
| Revenue Decrease | DCF DCF 8 2521 | ADRC CW C1 GRANT | 283543 |
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I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

| Reques | sted By: | Steve Prell | Date Completed: | 12/7/2021 |
|--------|---------------------------------|---|-------------------------------------|----------------|
| СОМР | LETED BY | FINANCE DEPARTMENT: | | |
| Approv | ed by Hu | man Resources, Finance & Property Committee: | Date Transferred: | |
| | | MARATHON COUN | NTY | |
| | | Budget Transfer Authorization Request – Sup | plemental Information | |
| | | elemental information to the original Budget Transfer Aut the requesting department or the Budget Transfer Authori | · | |
| 1) | | the name of this Program/Grant? (DO NOT use abbrevia CCCWC1 CONGREGATE MEALS | tions or acronyms) | |
| 2) | Provide | a brief (2-3 sentence) description of what this program d | oes. | |
| | con | grant is used provide congregate meals throughout the figregate meal sites were closed for most of the year. The ur Meals on Wheels C2 program. This budget adjustmen | C1 grant dollars were allowed to | be transferred |
| 3) | ⊠ A | gram is: (Check one) .n Existing Program. . New Program. | | |
| 4) | C II II S S | the reason for this budget transfer? farry-over of Fund Balance. hcrease/Decrease in Grant Funding for Existing Program. hcrease/Decrease in Non-Grant Funding (such as tax levy, et up Initial Budget for New Grant Program. et up Initial Budget for New Non-Grant Program other. Please explain: Transfer C1 grant funds to C2 Mea | | rogram. |
| 5) | □ T | rogram is a Grant, is there a "Local Match" Requirement? his Program is not a Grant. his Program is a Grant, but there is no Local Match require his Program is a Grant, and there is a Local Match require Cash (such as tax levy, user fees, donations, etc.) Non-cash/In-Kind Services: (Describe) volunteer time | rement. | |
| 6) | ⊠ N □ Y | is Transfer Request increase any General Ledger 8000 Aco lo. es, the Amount is Less than \$30,000. es, the Amount is \$30,000 or more AND: (Check one) The capital request HAS been approved by the CIP Cor The capital request HAS NOT been approved by the CI | mmittee. | ounts) |
| | | FINANCE DEPARTMENT: gram appropriation unit or fund? Is a Bu | udget Transfer Resolution Required? | |

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Season Welle**, **Kristi Palmer**, and to your Department Head. This email will confirm that your Department Head acknowledges and approves this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

| EPARTMENT: ADRC-CV | V | BUDGET YEAR: | 2021 |
|--------------------|----------------|----------------------|--------|
| RANSER FROM: | | | |
| Action | Account Number | Account Description | Amount |
| Revenue Increase | DDA DDA 8 2521 | ADRC CW C2 GRANT FED | 675941 |

TRANSER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|---------------------------|--------|
| Expenditure Increase | DDA DDB 9 1110 | SALARIES PERM REG FT | 30000 |
| | DDA DDB 9 1210 | WAGES PERM REG FT | 20000 |
| | DDA DDB 9 1211 | WAGES PERM REG PT | 75000 |
| | DDA DDB 9 1540 | HOSPITAL HEALTH INSURANCE | 10000 |
| | DDA DDB 9 2250 | TELEPHONE | 6000 |
| | DDA DDB 9 3140 | SMALL ITEMS EQUIPMENT | 4000 |
| | DDA DDC 9 2180 | FOOD SERVICES | 330941 |
| | DDA DDC 9 3490 | OTHER OPERATING SUPPLIES | 70000 |
| | DDA DDD 9 8195 | OTHER CAP EQUIP ADRC | 130000 |
| | | | |

| l, the undersigned | i, respectfully re | equest that the F | Human Resourd | es, Finance & | . Property C | Committee a | pprove the |
|--------------------|--------------------|-------------------|-----------------|---------------|--------------|---------------|------------|
| following change | in budget / tran | sfer of funds as | discussed in th | e attached su | pplementa | l information | ٦. |

| Requested By: | Steve Prell | Date Completed: | 12/7/2021 |
|---------------|-------------|-----------------|-----------|
| | | | |

| COMP | PLETED BY FINANCE DEPARTMENT: |
|--------|--|
| Approv | ved by Human Resources, Finance & Property Committee: Date Transferred: |
| | MARATHON COUNTY |
| | Budget Transfer Authorization Request – Supplemental Information |
| | this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be eted by the requesting department or the Budget Transfer Authorization Request Form will be returned. |
| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) |
| | ADRC CW C2 MEALS ON WHEELS FED GRANT |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | This grant is used provide meals on wheels throughout the four county region. Because of COVID our congregate meal sites were closed for most of the year. The C1 grant dollars used for congregate meals were allowed to be transferred to our Meals on Wheels C2 program. In addition due to COVID - any 2020 unspent C2 grant dollars were allowed to be carried over to 2021. All of these adjustments to our Aging grants were finalized by our grantor the end of November 2021. Any unspent C2 2020 carryover grant dollars will be allowed to be carried over to 2022. |
| | Capital items – replacement equipment in several dining sites throughout the four county region – industrial water heaters, industrial dish machine, industrial freezer, full set of new kitchen equipment for a new dining site. Historically CIP committee approval has not been required for ADRC Capital items. The ADRC CW Board approves them, most of these particular items are not located in Marathon County. |
| 3) | This program is: (Check one) ☑ An Existing Program. |
| | ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☐ Increase/Decrease in Grant Funding for Existing Program. |
| | ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.☐ Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Grant Program ☐ Set up Initial Budget for New Non-Grant Program |
| | ☑ Other. Please explain: Transfer C1 grant funds to C2 Meals on Wheels |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? ☐ This Program is not a Grant. |
| | ☐ This Program is a Grant, but there is no Local Match requirement. |
| | ☑ This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☑ Cash (such as tax levy, user fees, donations, etc.) |
| | ☑ Non-cash/In-Kind Services: (Describe) volunteer time. Both cash match and in-kind match are allowed and utilized to meet match requirement. |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | □ No. |
| | \square Yes, the Amount is Less than \$30,000. |
| | ☑ Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \square The capital request HAS been approved by the CIP Committee. |

oxtimes The capital request HAS NOT been approved by the CIP Committee.

| COMPLETED BY FINANCE DEPARTMENT: | |
|--|---|
| Is 10% of this program appropriation unit or fund? | Is a Budget Transfer Resolution Required? |
| | |

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| EPARTMENT: A | DRC-CW | BUDGET YEAR: 2021 | | | | |
|------------------|---------------------|--|-----------|--|--|--|
| TRANSER FROM: | | | | | | |
| Action | Account Number | Account Description | Amount | | | |
| Expenditure Decr | ease DDH DDH 9 2180 | FOOD SERVICES | 459 | | | |
| RANSER TO: | Account Number | Account Description | Amount | | | |
| Revenue Decrea | | ADRC CW C2 NSIP | 459 | | | |
| | | | | | | |
| _ | | n Resources, Finance & Property Committee approsed in the attached supplemental information. | ove the | | | |
| equested By: St | eve Prell | Date Completed: | 12/7/2021 | | | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| | ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. ☐ Set up Initial Budget for New Grant Program. |
|----|--|
| | |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☐ This Program is not a Grant. |
| | ☑ This Program is a Grant, but there is no Local Match requirement. |
| | ☐ This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☐ Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) ⊠ No. |
| | ☐ Yes, the Amount is Less than \$30,000. |
| | ☐ Yes, the Amount is \$30,000 or more AND: (Check one) |
| | ☐ The capital request HAS been approved by the CIP Committee. |
| | ☐ The capital request HAS NOT been approved by the CIP Committee. |

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| PARTMENT: ADRC-C | W | BUDGET YEAR: 20 | BUDGET YEAR: 2021 | |
|----------------------|-----------------------------------|---|-------------------|--|
| ANSER FROM: | | | | |
| Action | Account Number | Account Description | Amount | |
| Revenue Increase | DDI DDI 8 2532 | ADRC CW ALZHEIMERS GRANT | 3024 | |
| ANSER TO: | | | | |
| Action | Account Number | Account Description | Amount | |
| Select action | Click to enter GL Account | Click here to enter account description | Enter amount | |
| Expenditure Increase | DDI DDI 9 7190 | OTHER DIRECT RELIEF TO INDIGENTS | 3024 | |
| | et / transfer of funds as discuss | Resources, Finance & Property Committee a sed in the attached supplemental information Date Comple | n. | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) ADRC CW ALZHEIMERS GRANT |
|----------|---|
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| -, | This grant is used to provide direct reimbursements to caregivers of those with dementia. |
| 3) | This program is: (Check one) |
| | ☑ An Existing Program. ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☑ Increase/Decrease in Grant Funding for Existing Program. |
| | \square Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☐ Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☐ This Program is not a Grant. |
| | ☑ This Program is a Grant, but there is no Local Match requirement. |
| | ☐ This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☐ Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) xxx |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | ☐ Yes, the Amount is Less than \$30,000. |
| | ☐ Yes, the Amount is \$30,000 or more AND: (Check one) |
| | ☐ The capital request HAS been approved by the CIP Committee. |
| | \square The capital request HAS NOT been approved by the CIP Committee. |
| COMP | LETED BY FINANCE DEPARTMENT: |
| | |
| Is 10% o | of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |

Budget Transfer Authorization Request Form

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| PARTMENT: ADRC-CV | N | BUDGET YEAR: | | |
|----------------------|--------------------------------|--|---------------------|--|
| RANSER FROM: | | | | |
| Action | Account Number | Account Description | Amount | |
| Revenue Increase | DDJ DDJ 8 2525 | ADRC CW IIIE NAT'L FAM CARE | 52934 | |
| ANSER TO: | | | | |
| Action | Account Number | Account Description | Amount | |
| Expenditure Increase | DDJ DDJ 9 1111 | SAL/PERM/REG/PT | 15000 | |
| Expenditure Increase | DDJ DDJ 9 7190 | OTHER DIRECT RELIEF TO INDIGENTS | 37934 | |
| | t / transfer of funds as discu | n Resources, Finance & Property Committee approssed in the attached supplemental information. Date Completed: | ve the 12/7/2021 | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) ADRC CW IIIE NATIONAL FAMILY CAREGIVER |
|---------|--|
| | ADRC CW IIIE NATIONAL FAIVIILY CAREGIVER |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | This grant is used to provide case management and direct reimbursements to caregivers of those with dementia. |
| 3) | This program is: (Check one) |
| | ☑ An Existing Program. |
| | ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☑ Increase/Decrease in Grant Funding for Existing Program. |
| | \square Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☐ Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☐ This Program is not a Grant. |
| | \square This Program is a Grant, but there is no Local Match requirement. |
| | ☑ This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | \square Cash (such as tax levy, user fees, donations, etc.) |
| | ☑ Non-cash/In-Kind Services: (Describe) Alzheimers grant is allowed to be used as match for IIIE grant |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | \square Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \square The capital request HAS been approved by the CIP Committee. |
| | \square The capital request HAS NOT been approved by the CIP Committee. |
| COMP | LETED BY FINANCE DEPARTMENT: |
| | of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |
| .5 10/0 | |

Budget Transfer Authorization Request Form

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| EPARTMENT: ADRC-CW | J . | BUDGET YEAR: 2021 | | |
|--------------------------|------------------------------|---|--------|--|
| RANSER FROM: | | | | |
| Action | Account Number | Account Description | Amount | |
| Expenditure Decrease | DDL DDL 9 1110 | SALARIES PERM REG FT | 10000 | |
| Expenditure Decrease | DDL DDL 9 1540 | HOSPITAL/HEALTH INS | 1483 | |
| | | | | |
| RANSER TO: Action | Account Number | Account Description | Amount | |
| Revenue Decrease | DDL DDL 8 2524 | ADRC CW IIID PREVENTION GRANT | 11483 | |
| | | | | |
| llowing change in budget | / transfer of funds as discu | n Resources, Finance & Property Committee agssed in the attached supplemental information | | |
| equested By: Steve Pre | 211 | Date Completed: 12/7/2021 | | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) |
|----------|---|
| | ADRC CW IIID PREVENTION |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| , | This grant is used to provide evidence based programs throughout the four county region |
| 3) | This program is: (Check one) |
| | ☑ An Existing Program. |
| | ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☑ Increase/Decrease in Grant Funding for Existing Program. |
| | ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☐ Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☐ This Program is not a Grant. |
| | ☐ This Program is a Grant, but there is no Local Match requirement. |
| | ☑ This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☑ Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | \square Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \square The capital request HAS been approved by the CIP Committee. |
| | ☐ The capital request HAS NOT been approved by the CIP Committee. |
| COMP | LETED BY EINANCE DEDARTMENT. |
| | LETED BY FINANCE DEPARTMENT: |
| is 10% c | of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |

Budget Transfer Authorization Request Form

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| PARTMENT: ADRC-CW | | BUDGET YEAR: 20 | |
|----------------------|-------------------------------|---|------------------------|
| ANSER FROM: | | | |
| Action | Account Number | Account Description | Amount |
| Revenue Increase | EAA EAA 8 8435 | DONATIONS FROM FOUNDATION | 1500 |
| | | | |
| Action | Account Number | Account Description | Amount |
| Expenditure Increase | EAA EAA 9 3490 | OTHER OPERATING SUPPLIES | 1500 |
| | / transfer of funds as discus | n Resources, Finance & Property Committee apsect in the attached supplemental information | · i. |
| | 5 | Date Complet | t ed: 12/7/2021 |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) ADRC CW SR SNOW DAYS |
|------|--|
| | ADIC CW SK SNOW DATS |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | Funds received from a local foundation to be used to provide Sr Snow Day meals in the Marshfield area. |
| 3) | This program is: (Check one) |
| | ☑ An Existing Program. |
| | ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☐ Increase/Decrease in Grant Funding for Existing Program. |
| | ☑ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☐ Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☑ This Program is not a Grant. |
| | \square This Program is a Grant, but there is no Local Match requirement. |
| | \square This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | \square Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | \square Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | ☐ The capital request HAS been approved by the CIP Committee. |
| | ☐ The capital request HAS NOT been approved by the CIP Committee. |
| COMP | LETED BY FINANCE DEPARTMENT: |
| | of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |
| | |

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| PARTMENT: ADRC-CW | | BUDGET YEAR: 202 | <u> </u> |
|----------------------|-------------------------------|--|----------|
| ANSER FROM: | | | |
| Action | Account Number | Account Description | Amount |
| Revenue Increase | EAR EAR 8 8409 | DONATIONS FROM MEMORIALS | 50000 |
| | | | |
| ANSER TO: | Account Number | Account Description | Amount |
| Expenditure Increase | EAR EAR 9 9130 | INCR FB SUBSEQUENT YEARS | 50000 |
| | / transfer of funds as discus | n Resources, Finance & Property Committee and sed in the attached supplemental information Date Complet | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) ADRC MC BURNS FAMILY TRUST |
|------|---|
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | Funds received from a local family to be used within Marathon County. To be used for meals for those affected by dementia and their caregivers. |
| 3) | This program is: (Check one) |
| | ☐ An Existing Program. |
| | ☑ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☐ Increase/Decrease in Grant Funding for Existing Program. |
| | \square Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☐ Set up Initial Budget for New Grant Program. |
| | ☑ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☑ This Program is not a Grant. |
| | \square This Program is a Grant, but there is no Local Match requirement. |
| | \square This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☐ Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | ☐ Yes, the Amount is Less than \$30,000. |
| | ☐ Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \square The capital request HAS been approved by the CIP Committee. |
| | ☐ The capital request HAS NOT been approved by the CIP Committee. |
| COMP | LETED BY FINANCE DEPARTMENT: |
| | of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |
| , | |

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| EPARTMENT: ADRC-CV | V | BUDGET YEAR: 2021 | |
|----------------------|----------------------------------|--|--------|
| RANSER FROM: | | | |
| Action | Account Number | Account Description | Amount |
| Revenue Increase | EBA EBA 8 8435 | DONATIONS FR FOUNDATION | 700 |
| RANSER TO: | | | |
| Action | Account Number | Account Description | Amount |
| Expenditure Increase | EBA EBA 9 9130 | INCR FB SUBSEQUENT YEARS | 700 |
| | t / transfer of funds as discuss | Resources, Finance & Property Committee appro ed in the attached supplemental information. Date Completed: | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) ADRC WC MFLD AREA PREV PROG LDR |
|-----------|--|
| | ADIC WE WILD AREA TREVITROGEDIC |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | Funds received from a local FOUNDATION TO PROVIDE TRANING FOR PREVENTION PROGRAM LEADERS IN THE Marshfield area. |
| 3) | This program is: (Check one) |
| | ☐ An Existing Program. |
| | ☑ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☐ Increase/Decrease in Grant Funding for Existing Program. |
| | \square Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | \square Set up Initial Budget for New Grant Program. |
| | ☑ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☑ This Program is not a Grant. |
| | \square This Program is a Grant, but there is no Local Match requirement. |
| | \square This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☐ Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ⊠ No. |
| | \square Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \square The capital request HAS been approved by the CIP Committee. |
| | ☐ The capital request HAS NOT been approved by the CIP Committee. |
| COMP | LETED BY FINANCE DEPARTMENT: |
| | of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |
| .5 _5/0 (| - Subsection reduced |

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| PARTMENT: ADRC-CW | V | BUDGET YEAR: 2021 | |
|----------------------|--------------------------------|---|--------|
| ANSER FROM: | | | |
| Action | Account Number | Account Description | Amount |
| Revenue Increase | EBB EBB 8 8435 | DONATIONS FROM FOUNDATION | 3000 |
| ANSER TO: | | | |
| Action | Account Number | Account Description | Amount |
| Expenditure Increase | EBB EBB 9 9130 | INCR FB SUBSEQUENT YEARS | 3000 |
| | / transfer of funds as discuss | Resources, Finance & Property Committee appr sed in the attached supplemental information. Date Completed | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) ADRC WC STOCK BOXES |
|----|--|
| 2) | Provide a brief (2-3 sentence) description of what this program does. Funds received from a local foundation to be used to provide stock boxes of food to local families in Wood County. |
| 3) | This program is: (Check one) ☐ An Existing Program. ☒ A New Program. |
| 4) | What is the reason for this budget transfer? ☐ Carry-over of Fund Balance. ☐ Increase/Decrease in Grant Funding for Existing Program. ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. ☐ Set up Initial Budget for New Grant Program. ☐ Set up Initial Budget for New Non-Grant Program ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? ☐ This Program is not a Grant. ☐ This Program is a Grant, but there is no Local Match requirement. ☐ This Program is a Grant, and there is a Local Match requirement of: (Check one) ☐ Cash (such as tax levy, user fees, donations, etc.) ☐ Non-cash/In-Kind Services: (Describe) volunteer time |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) ☑ No. ☐ Yes, the Amount is Less than \$30,000. ☐ Yes, the Amount is \$30,000 or more AND: (Check one) ☐ The capital request HAS been approved by the CIP Committee. ☐ The capital request HAS NOT been approved by the CIP Committee. |
| | LETED BY FINANCE DEPARTMENT: of this program appropriation unit or fund? Is a Budget Transfer Resolution Required? |

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Budget Transfer Authorization Request Form

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| EPARTMENT: Parks, R | ecreation & Forestry | BUDGET YEAR: 2021 | |
|------------------------|----------------------|--|----------|
| RANSER FROM: | | | |
| Action | Account Number | Account Description | Amount |
| Expenditure Decrease | 101 71098210 | Land | \$24,471 |
| AANSER TO: | Account Number | Account Description | Amount |
| Expenditure Increase | 153 77898210 | Land | \$24,471 |
| lowing change in budge | | Resources, Finance & Property Committee appro ed in the attached supplemental information. Date Completed: | |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) |
|----|---|
| | Forest Segregated Land Account |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | Funds are budgeted each year in the regular PRF budget. No purchases of land occurred in 2021. This budget transfer will allow the funds to be used to purchase lands to add to the County Forest in future years to meet Objective 5.2, Outcome Measure 3 in the 2018-2022 Marathon County Strategic Plan. |
| 3) | This program is: (Check one) |
| | An Existing Program. |
| | ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | Z Carry-over of Fund Balance. |
| | ☐ Increase/Decrease in Grant Funding for Existing Program. |
| | \Box Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | \square Set up Initial Budget for New Grant Program. |
| | ☐ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☑ This Program is not a Grant. |
| | \square This Program is a Grant, but there is no Local Match requirement. |
| | \square This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | ☐ Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) Click here to enter description |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ℤ No. |
| | \square Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \Box The capital request HAS been approved by the CIP Committee. |
| | \Box The capital request HAS NOT been approved by the CIP Committee. |

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| | | BUDGET YEAR: | 2021 |
|-------------------------|----------------|--|--------|
| ANSER FROM: | | | |
| Action | Account Number | Account Description | Amount |
| Revenue Increase | 160-84582320 | Public Safety Federal Grant | 13,848 |
| | | | |
| Action | Account Number | Account Description | Amount |
| Expenditure Increase | 160-84593490 | Other Operating Supplies | 13,848 |
| | | | |
| lowing change in budget | | Resources, Finance & Property Committee ed in the attached supplemental informations of the Comp | on. |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

| 2) | FY 20 Edward Bryne Memorial Justice Assistance Grant (JAG) Program (10/1/2020 to 9/30/2022) Provide a brief (2-3 sentence) description of what this program does. |
|-----------|--|
| · | To provide law enforcement agencies additional resources to enhance their ability to provide community initiatives, provide for officer and community safety and enhance crime response. |
| 3) | This program is: (Check one) |
| | ☐ An Existing Program. |
| | ☑ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | \square Increase/Decrease in Grant Funding for Existing Program. |
| | \square Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☑ Set up Initial Budget for New Grant Program. |
| | \square Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: Click here to enter description |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☐ This Program is not a Grant. |
| | ☑ This Program is a Grant, but there is no Local Match requirement. |
| | \Box This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | \square Cash (such as tax levy, user fees, donations, etc.) |
| | □ Non-cash/In-Kind Services: (Describe) Click here to enter description |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ☑ No. |
| | \square Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \Box The capital request HAS been approved by the CIP Committee. |
| | \Box The capital request HAS NOT been approved by the CIP Committee. |
| COMP | LETED BY FINANCE DEPARTMENT: |
| | of this program appropriation unit or fund? No Is a Budget Transfer Resolution Required? Yes |
| .5 _0/5 (| 10 Journal of the second of th |

Budget Transfer Authorization Request Form

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| BUDGET YEAR: | | EPARTMENT: Highway |
|---|--|--|
| | | RANSER FROM: |
| Account Description | Account Number | Action |
| STH Construct (624Z) | 801-289 8 7134 | Revenue Increase |
| STH Construct (624Z) | 801-289 8 7134 | Revenue Increase |
| | | |
| Associat Description | A convert Nivershow | RANSER TO: |
| · | | Action Expenditure Increase |
| | | Expenditure Increase |
| Equipment Rent (624B) | 289 9 5330 | Expenditure Increase |
| | | |
| ed in the attached supplemental informa | / transfer of funds as discusse | llowing change in budget |
| | | llowing change in budget |
| ma | Account Description STH Construct (624Z) STH Construct (624Z) Account Description Wages (624A) Raw Material (624B) Equipment Rent (624B) Equipment Rent (624B) | Account Number Account Description 801-289 8 7134 STH Construct (624Z) 801-289 8 7134 STH Construct (624Z) Account Number Account Description 289 9 1210 Wages (624A) 289 9 4590 Raw Material (624B) 289 9 5330 Equipment Rent (624B) fully request that the Human Resources, Finance & Property Commily transfer of funds as discussed in the attached supplemental information. |

Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) |
|----|--|
| | Highway Department State Trunk Highway Construction. |
| 2) | Provide a brief (2-3 sentence) description of what this program does. |
| | State of Wisconsin Dept of Transportation periodically awards special contracts, such as this Local Force Agreement (LFA). Program costs must be tracked and invoiced to the State separate from any other billable services provided by the Highway department. |
| 3) | This program is: (Check one) |
| | An Existing Program. |
| | ☐ A New Program. |
| 4) | What is the reason for this budget transfer? |
| | ☐ Carry-over of Fund Balance. |
| | ☐ Increase/Decrease in Grant Funding for Existing Program. |
| | \Box Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. |
| | ☐ Set up Initial Budget for New Grant Program. |
| | ☑ Set up Initial Budget for New Non-Grant Program |
| | ☐ Other. Please explain: |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? |
| | ☑ This Program is not a Grant. |
| | \square This Program is a Grant, but there is no Local Match requirement. |
| | \Box This Program is a Grant, and there is a Local Match requirement of: (Check one) |
| | \square Cash (such as tax levy, user fees, donations, etc.) |
| | ☐ Non-cash/In-Kind Services: (Describe) Click here to enter description |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) |
| | ℤ No. |
| | ☐ Yes, the Amount is Less than \$30,000. |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) |
| | \Box The capital request HAS been approved by the CIP Committee. |
| | \Box The capital request HAS NOT been approved by the CIP Committee. |

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Season Welle**, **Kristi Palmer**, and to your Department Head. This email will confirm that your Department Head acknowledges and approves this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

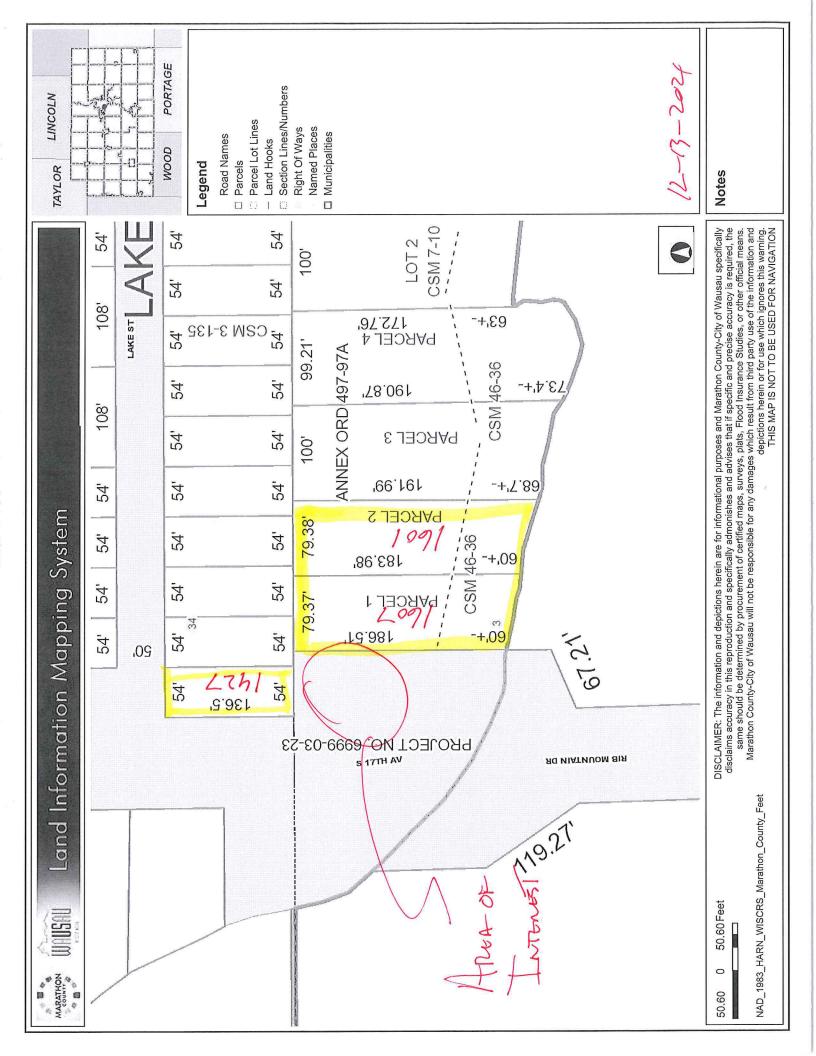
| PARTMENT: Medical | Examiner | BUDGET YEAR: 2022 | | | |
|------------------------|----------------|---|--------|--|--|
| TRANSER FROM: | | | | | |
| Action | Account Number | Account Description | Amount | | |
| Expenditure Decrease | 101 11091110 | Salaries | 565 | | |
| ANSER TO: | Account Number | Account Description | Amount | | |
| Expenditure Increase | 101 11093390 | Meeting Expense | 565 | | |
| | | | | | |
| lowing change in budge | | sources, Finance & Property Committee in the attached supplemental informat | ion. | | |

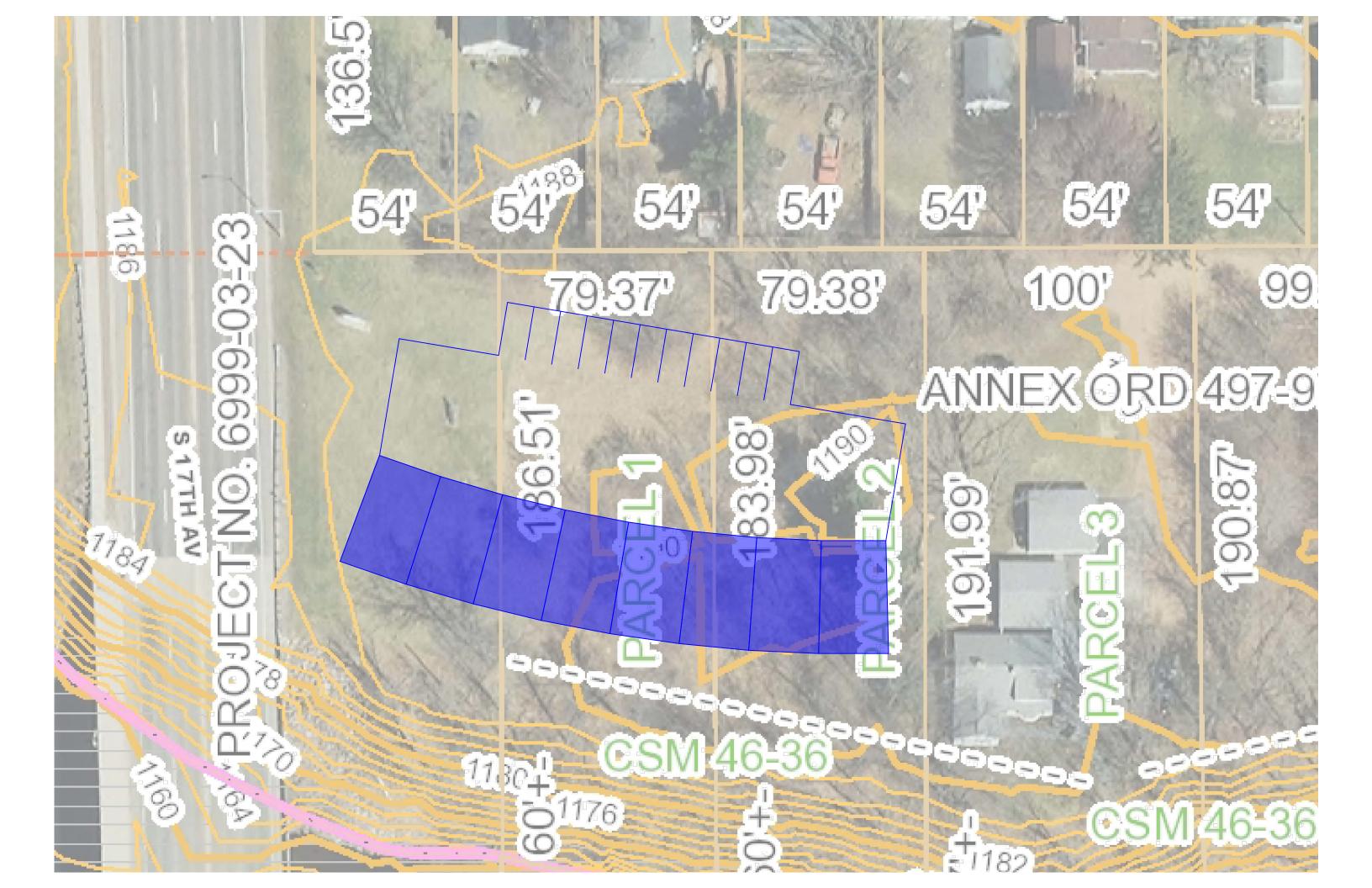
Date Transferred:

Budget Transfer Authorization Request – Supplemental Information

| 1) | What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms) Move funding in the Medical Examiners budget for 2022 | | |
|----|---|--|--|
| 2) | Provide a brief (2-3 sentence) description of what this program does. | | |
| | This will move expenses in the 2022 Medical Examiners budget | | |
| 3) | This program is: (Check one) | | |
| | An Existing Program. | | |
| | ☐ A New Program. | | |
| 4) | What is the reason for this budget transfer? | | |
| | ☐ Carry-over of Fund Balance. | | |
| | ☐ Increase/Decrease in Grant Funding for Existing Program. | | |
| | \Box Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program. | | |
| | \square Set up Initial Budget for New Grant Program. | | |
| | ☐ Set up Initial Budget for New Non-Grant Program | | |
| | ☑ Other. Please explain: Click here to enter description | | |
| 5) | If this Program is a Grant, is there a "Local Match" Requirement? | | |
| | ☑ This Program is not a Grant. | | |
| | \square This Program is a Grant, but there is no Local Match requirement. | | |
| | \square This Program is a Grant, and there is a Local Match requirement of: (Check one) | | |
| | \square Cash (such as tax levy, user fees, donations, etc.) | | |
| | □ Non-cash/In-Kind Services: (Describe) Click here to enter description | | |
| 6) | Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts) | | |
| | ☑ No. | | |
| | ☐ Yes, the Amount is Less than \$30,000. | | |
| | \square Yes, the Amount is \$30,000 or more AND: (Check one) | | |
| | \square The capital request HAS been approved by the CIP Committee. | | |
| | ☐ The capital request HAS NOT been approved by the CIP Committee. | | |







Reconsideration of Bid Acceptance

I. Motion for Reconsideration

- a. Governing authority.
 - Motions for Reconsideration made at the committee level are governed by Section 2.01(3)(d) of the County Board's Rules of Procedure and Section 37 of Robert's Rules of Order.

b. *Timing*.

- i. If taken before the full County Board, a motion for reconsideration is in order at the same meeting that the original vote was taken, or on the next succeeding day within the session on which a business meeting is held.
- ii. At the committee level, a motion to reconsider is in order regardless of the time that has elapsed since the original vote was taken.
- c. Who can make a motion for reconsideration?
 - i. A motion to reconsider can be made by any member of the committee who did not vote with the losing side (either a member who voted with the prevailing side *or* a member who did not vote at all on the question).
- **d.** What amount of the membership is required to vote in favor of a motion to reconsider in order to pass such a motion?
 - i. A motion to reconsider requires a two-thirds majority vote of the members present when made in committee unless all members who voted with the prevailing side are present or have been notified that reconsideration will be moved. If all members who voted with the prevailing side are present or have been notified, a simple majority is required.

II. Procedure for Motion for Reconsideration

- a. Requires a motion and second. The motion maker must be a member of the committee who did not vote with the losing side on the original question. The second can come from any member.
- **b.** Once a motion is made, the question before the committee is **whether to reconsider** the original question. The original question (in this case, the question of which bid, if any, to accept) is not before the committee unless and until the motion to reconsider is passed.
- c. The motion to reconsider is debatable.

- **d.** A successful vote to reconsider a question places the question back on the table as if the previous action had not occurred.
 - i. In this case, if reconsideration is successful, the question of which of the bids, if any, to accept will be back on the table as if not previously voted upon.
- III. If the Bid Acceptance is Reconsidered
 - **a.** The question of which of the bids to accept returns to the table for consideration by the committee.
 - **b.** Marathon County Ordinance Section 3.20(6) governs the public sale of tax deeded property.
 - i. The committee may accept the bid most advantageous to the county as long as the bid is greater than the appraised value of the property. When determining which bid is most advantageous to the County, the committee shall consider the following criteria:
 - 1. The dollar amounts of the various bids.
 - The future use to which the property would be put, which shall include a consideration of the applicable sanitary and zoning codes, cost of providing services and road access and potential revenue from assessments.
 - 3. Whether by accepting one bid, the property will/will not be subject to real estate taxes.
 - 4. What is the best method of proceeding so as to protect the public health, safety, recreation and welfare of citizens and visitors alike to the County.
 - **c.** Public safe of tax deeded property is also governed by Sections 75.35 and 75.69 of the Wisconsin Statutes.
 - i. If tax-deeded lands are sold to the former owner, such sale shall not serve to revive any tax certificate lien or any other lien that was cut off or rendered void by the tax deed.

APPRAISAL REPORT OF



1308 n 16th ave WAUSAU, WI 54414

PREPARED FOR

MARATHON COUNTY 531 WASHINGTON ST PO BOX 1184 WAUSAU, WI

AS OF

12/22/2021

PREPARED BY

meyer appraisal service 4503 AUGUSTINE AVE WESTON, WI 54476

File No. MARATHON COUNTY

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| Location Map | 8 |
| Exhibit | 9 |
| Exhibit | 10 |
| Exhibit | 11 |
| Exhibit | 12 |

| | | meyer appraisal service |
|-------------|---------------------------|---|
| | SUMMARY | OF SALIENT FEATURES File No. MARATHON COL |
| SUBJECT II | NFORMATION | Sase no. |
| | Subject Address | 1308 n 16th ave |
| | Legal Description | SEE ADDENDUM |
| | City | WAUSAU |
| | County | Marathon |
| | State | WI |
| | Zip Code | 54414 |
| | Census Tract | 8 |
| | Map Reference | 59 |
| SALES PRIC | CE. | |
| | Sale Price \$ | N/A |
| | Date of Sale | N/A |
| CLIENT | | |
| | Borrower | N/A |
| | Lender/Client | MARATHON COUNTY |
| DESCRIPTION | ON OF IMPROVEMENT | |
| | Size (Square Feet) | |
| | Price per Square Foot \$ | |
| | Location | URBAN |
| | Age | |
| | Condition | |
| | Total Rooms | |
| | Bedrooms | |
| | Baths | |
| APPRAISER | | |
| | Appraiser | Gordon A Meyer |
| | Date of Appraised Value | 12/22/2021 |
| VALUE | | |
| | | |
| | Final Opinion of Value \$ | 4,000 |
| | Final Opinion of Value \$ | 4,000 |
| | Final Opinion of Value \$ | 4,000 |
| | Final Opinion of Value \$ | 4,000 |

12/26/2021

MARATHON COUNTY 531 WASHINGTON ST PO BOX 1184 WAUSAU, WI

RE:

N/A

1308 n 16th ave

WAUSAU, WI 54414

File No. MARATHON COUNTY

Case No.

Dear

In accordance with your request, I have personally inspected and prepared an appraisal report of the real property located at:

1308 n 16th ave, WAUSAU, WI 54414

The purpose of this appraisal is to estimate the market value of the property described in the body of this appraisal report.

Enclosed, please find the appraisal report which describes certain data gathered during our investigation of the property. The methods of approach and reasoning in the valuation of the various physical and economic factors of the subject property are contained in this report.

An inspection of the property and a study of pertinent factors, including valuation trends and an analysis of neighborhood data, led the appraiser to the conclusion that the market value, as of 12/22/2021

4,000

The opinion of value expressed in this report is contingent upon the limiting conditions attached to this

It has been a pleasure to assist you. If I may be of further service to you in the future, please let me know.

Respectfully submitted,

Signature:

Gordon A Meyer

meyer appraisal service SUBJECT PHOTO ADDENDUM

Address

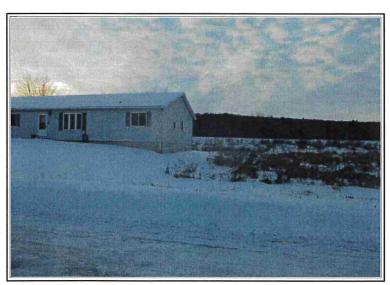
File No. MARATHON COUNTY Case No.

Borrower N/A
Property Address 1308 n 16th ave
 State
 WI
 Zip Code
 54414

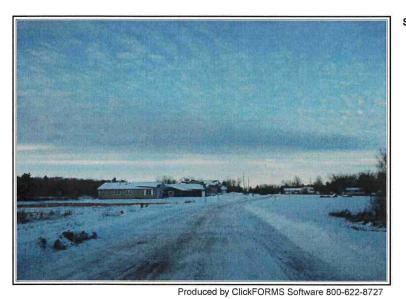
 531 WASHINGTON ST, PO BOX 1184
 WAUSAU, WI
 City WAUSAU County Marathon Lender/Client MARATHON COUNTY



FRONT OF SUBJECT PROPERTY 1308 n 16th ave WAUSAU, WI 54414



REAR OF SUBJECT PROPERTY



STREET SCENE

LAND APPRAISAL REPORT

File No. MARATHON COUNTY Case No.

| 80 | Borrower N/A | | | Census Tract | | 8 | | Map Reference | | 59 |
|----------------|--|---|--------------------------------|----------------------------------|--|--|-----------------------------------|-----------------------|-----------------|-------------------|
| | THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL | 308 n 16th ave | | | | | | | | |
| Ó | City WAUSAU | | County | Mara | thon S | State | WI | Zip Code | 5 | 4414 |
| AT | Legal Description SE | E ADDENDUM | | | | | | | | |
| DENTIFICATION | Sale Price \$ | N/A Date of Sale _ | | | yrs. Property R | | | | old De | e Minimis PUD |
| Z | Actual Real Estate Ta | | r) Loan Charges to be pa | aid by seller \$ | N/A Other | r Sales Cor | cessions NOI | NE | THE RESERVE THE | |
| Ы | 100 | ATHON COUNTY | | | ess <u>531 WAS</u> F | HINGTON | IST, PO BC | X 1184 WAL | JSAU, W | /1 |
| | Occupant | VACANT Appra | iser Gordon / | A Meyer | _ Instructions to | Appraiser_ | ESTIMATE | MARKET VAL | LUE | |
| | Leastion | X Urban | Suburban | Пр | ural | | | | Good Ave | g. Fair Poor |
| | Location Built Up | X Over 75% | | | nder 25% | Employm | nent Stability | | | |
| | Growth Rate | Fully Dev. Rapid | X Steady | | ow | | ence to Employ | rment | X | |
| | Property Values | Increasing | | _ | eclinina | 18.0022002000000000000000000000000000000 | ence to Shoppi | | X | |
| | Demand/Supply | Shortage | X In Balance | | versupply | | ence to Schools | | X | |
| | Marketing Time | Under 3 N | Mos, 3-6 Mos. | ΧO | ver 6 Mos. | Adequac | y of Public Tra | nsportation | | |
| ğ | Present Land Use 6 | 5_%1 Family2_%2-4 F | amily <u>1</u> % Apts <u>1</u> | % Condo25 | % Commercial | Recreation | onal Facilities | | X | |
| 呈 | | %Industrial % Vac | | | | | y of Utilities | | X | |
| l S | Change In Present La | | | | Taking Place (*) | | of Compatibilit | THE COLUMN ASSESSMENT | X | |
| GHBORHOOD | | (*) From | T | То | % Vacant | | | ntal Conditions | X X | |
| EG | Predominate Occupa | | Tenant to \$400,000 P | | | | nd Fire Protecti Appearance of | | HI | |
| Ž | Single Family Price R Single Family Age | | to 80 yrs. Pred | | | GD-G1: -G1:-200 | | Tropenies | HI | HH |
| H | Single Faililly Age | yis | 10 yrs. Tred | ioninant Age | yis | Appear |) Warket | | | |
| | Comments including t | hose factors, favorable or u | nfavorable, affecting mar | ketability (e.g. pu | blic parks, schoo | ols, view, no | oise): THE SU | JBJECT IS LOC | O DETAC | THE SOUTH |
| W | | AUSAU. LAND USE IN | THE AREA INCLUDED | RESIDENTIAL | AS WELL AS A | A SOME N | MANUFACTU | RING USE A B | LOCK SC | OUTH OF THE |
| | SUBJECT. | | | | | | | | | |
| | Dimensions 432 47 | V107 0V100 04V107 (| 28 | | | Appx: 15 | 418 ef | | Corner Lo | nt . |
| | and the second s | X127.9X108.94X127.8 R-2 RESIDENTIAL | 38 | | Present Imn | | | do not conform | 4.100 | |
| | | Present use X | Other (specify) Residen | tial SITE | , recontinp | . 3. 31161163 | <u>~</u> ~ ∟ | 1_0 | 0,,,,,, | 3 |
| | AND COUNTY OF THE PARTY OF THE | Other (Describe) | OFF SITE IMPROVE | | DRAINAGE | EAREA | | | | |
| ä | Elec. X | Stree | et Access X Public | Private Size | IRREGULA | R | | | | |
| ш | Gas X | | ace PAVED | | e Rectangula | | | | | |
| S | Water X | Mair | ntenance X Public | | | | | | | |
| | San. Sewer X | erground Elect. & Tel. | | | nage <u>UNKNO</u> e property locate | | Identified Coo | aial Flood Hazar | d Aroa? | X No Yes |
| Š | Comments (favorable | or unfavorable including ar | Sidewalk Site | ments encroach | e property locate | dverse con | ditions). THIS | SITE CONF | ORMS V | VITH LOCAL |
| | | IS NO INDICATION (| | | | | | | | 11111 200/12 |
| Ħ | ZOMINO: MIZINZ | . 10 110 1110 1110 1110 11 | | | | | | | | |
| | | | | | | | | | | |
| | The undersigned has | recited three recent sales of effecting market reaction to | of properties most similar | and proximate to | subject and has | considered | these in the m | arket analysis. T | he descrip | otion includes |
| Į. | property is superior to | or more favorable than the to or less favorable than the | subject property, a minu | s (-) adjustment i | s made thus redu | comparation | dicated value o | of subject; if a sig | nificant ite | m in the |
| | comparable is inferior | to or less favorable than th | e subject property, a plus | | s made thus incre | easing the i | ndicated value | | | |
| ¥ | Address | SUBJECT PROPERTY | COMPARAB LOT 13 STRAWB | a sub-day to a first of contract | | MPARABL 21 PINE | | | MPARAB GRAND | |
| H | | 308 n 16th ave USAU, WI 54414 | WAUSAU WI | | 10 AM | | 54401 | 1,000,000 | SAU WI, | |
| " | Proximity to Subject | Marie and the second second second second second | 5.27 mile | | | 32 miles S | | | 38 miles | |
| Ś | Sales Price | \$ N/A | | \$ 4,000 | | \$ | 5,500 | | \$ | |
| E | Price / | \$ 0.00 | | \$ 0.00 | | \$ | 0.70 | | \$ | |
| ANA | Data Source | Inspection | MLS# 221 | | | S# 17060 | | | S# 1702 | 181 Adjustment |
| A | Date of Sale and | DESCRIPTION | DESCRIPTION | Adjustment | DESCRI | | Adjustment | DESCRI 4/30/2 | | Adjústment |
| Ā | Time Adjustment Location | N/A URBAN | 8/12/2021 SUB | _ | 5/24/20 URBA | ERIO C | | URBA | | |
| | Site/View | Appx: 15,418 sf | 34,848 SQ.FT. | | 7840 SC | | | 6969 S0 | | |
| Ž | Citcivion | NOT BUILDABLE | BUILDABLE | | BUILDA | | | RESIDENT | | |
| MARKET DATA | | | | | | | | | | |
| 2 | | | | | | | | | | |
| | | | | _ | | | | | | - |
| Alle Alle | Sales or Financing | | | | | | | | | |
| | Concessions Net Adj.(Total) | AT THE WAY DEVENOUED | X Plus Minus | \$ 0 | X Plus | Minus \$ | 0 | X Plus | Minus S | 6 0 |
| | Indicated Value | | Net=0% | Ψ 0 | Net=0% | TWIII GO Q | - | Net=0% | I III | , |
| <i>/</i> . | of Subject | | | \$ 4,000 | Gross=0% | \$ | 5,500 | Gross=0% | 0.00 | \$ 5,000 |
| | Comments on Market | Data THE SUBJECT S | SITE IS IN WET LAND | S AND NOT BU | JILDABLE, SAL | E 1 WAS | BUILDABLE | BUT LOOKED | LIKE WE | T LANDS SO |
| | NO ONE WOULD | BUY IT FOR A BUILDING | SITE, SOLD TO NEIG | SHBOR, SALE: | 2 WAS NARRO | W BUILD | ABLE SITE, B | UT ZONING R | EQUIRE | BASEMENT |
| | AND OLD HOME | WAS PUSHED INTO TH | HE OLD BASEMENT, | SALE 3 WAS | A SMALL BUIL | DABLE S | ITE, BUT NE | IGHBOR BOU | GHT IT F | OR CAMPER |
| | Comments and Cond | itions of Appraisal: FOR ABLE RESIDENTIAL SIT | UNE REASON OR AN | ALE PRICES V | UNIPARABLE | OO AND T | HE VALUE IS | NIINED BY PO | AT THE I | OW END OF |
| 7 | | CAUSE OF DRAINAG | | UPP LUICES A | V-10 94000-\$33 | OU AND I | IL VALUE IS | - COLINIALI ED | AT THE ! | LOVY LIVE OF |
| 0 | Final Reconciliation: | THE SALES COMPAR | ISON APPROACH WA | AS USED TO P | ROVIDE THE V | ALUE ES | TIMATE. THE | COST AND IN | ICOME A | PPROACHES |
| Ā | TO VALUE WER | | | | | | | | | |
| RECONCILIATION | | | | | | | | | | |
| NO | I ESTIMATE THE MA | RKET VALUE, AS DEFINE | D, OF SUBJECT PROPE | ERTY AS OF _ | | 22/2021 | | to be \$ | 4,0 | 00 |
| S | | 1/10 | lan . A | | ppraiser (if applic | | | | | |
| œ | ACAH 3-33 501 | n A Moyer | egir- | | Did Not Phy Inspect Pro | | | | | |
| | Gordon Date Report Signed | n A Meyer | 6/2021 | | Date Report Si | 10.000 A 10 | | | | |
| | State Certification # | | State \ | NI | State Certifica | | | | | State |
| | Or State License # | 10-10-10 | State | | Or State Licen | ise# | | | | State |
| | | ense or Certification | | | | | e or Certification | NO. | | |

meyer appraisal service COMMENT ADDENDUM

File No. MARATHON COUNTY Case No.

Borrower N/A

 Property Address
 1308 n 16th ave

 City WAUSAU
 County
 Marathon
 State
 WI
 Zip Code
 54414

 Lender/Client
 MARATHON COUNTY
 Address
 531 WASHINGTON ST, PO BOX 1184
 WAUSAU, WI

LEGAL DESCRIPTION

WESTVIEW TERRACE ADD LOT 5 BLOCK 1, CITY OF WAUSAU, MARATHON COUNTY WISCONSIN

LOT SIZE... PER CITY 15,418 SQ. FT

GENERAL COMMENTS

THE REPORT WAS COMPLETED TO ESTIMATE THE CURRENT MARKET VALUE OF THE SUBJECT WITH OWNERSHIP IN FEE SIMPLE TO BE USED BY MARATHON COUNTY TO ESTIMATE VALUE FOR QUICK AND REASONABLE SALE

THE SCOPE OF WORK INCLUDED MY PERSONAL INSPECTION OF THE SUBJECT, REVIEW OF GOVERNMENT DATA ON THE SUBJECT, REVIEW OF POTENTIAL COMPARABLE SALES AND LISTINGS IN THE CENTRAL WISCONSIN ML'S SERVICE.

THE DEFINITION OF MARKET VALUE WAS INCLUDED AND TAKEN FROM FNMA

THE SUBJECT SITE IS A DRAINAGE AREA AND IT INDICATED AS BEING IN WET LANDS AND IS NOT BUILDABLE.

HIGHEST AND BEST USE WOULD TO BE ADDED TO THE PARCELS ON EITHER SIDE.

THE WET LANDS MAP IS ALSO ATTACHED

meyer appraisal service

APPRAISAL AND REPORT IDENTIFICATION

File No. MARATHON COUNTY Case No.

 Borrower
 N/A

 Property Address
 1308 n 16th ave

 City
 WAUSAU
 County
 Marathon
 State
 WI
 Zip Code
 54414

 Lender/Client
 MARATHON COUNTY
 Address 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI

| This Appraisal conforms to one of the following definitions: |
|--|
| X Complete Appraisal The act or process of estimating value, or an estimate of value, performed without invoking the Departure Provision. |
| Limited Appraisal The act or process of estimating value, or an estimation of value, performed under and resulting from invoking the Departure Provision. |
| |
| This Report is one of the following types: |
| Self Contained Report A written report prepared under Standards Rule 2-2(A) of a complete or limited appraisal performed under Standard 1. |
| X Summary Report A written report prepared under Standards Rule 2-2(B) of a complete or limited appraisal performed under Standard 1. |
| Restricted Report A written report prepared under Standards Rule 2-2(C) of a complete or limited appraisal performed under Standard 1. |
| Comments on Appraisal and Report Identification Note any departures from Standards Rules 1-2, 1-3, 1-4, plus any USPAP-related issues requiring disclosure: |
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File No. MARATHON COUNTY

Case No

DEFINITION OF MARKET VALUE: The most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller, each acting prudently, knowledgeably and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby: (1) buyer and seller are typically motivated; (2) both parties are well informed or well advised, and each acting in what he considers his own best interest; (3) a reasonable time is allowed for exposure in the open market; (4) payment is made in terms of cash in U. S. dollars or in terms of financial arrangements comparable thereto; and (5) the price represents the normal consideration for the property sold unaffected by special or creative financing or sales concessions* granted by anyone associated with the sale.

*Adjustments to the comparables must be made for special or creative financing or sales concessions. No adjustments are necessary for those costs which are normally paid by sellers as a result of tradition or law in a market; these costs are readily identifiable since the seller pays these costs in virtually all sales transactions. Special or creative financing adjustments can be made to the comparable property by comparisons to financing terms offered by a third party institutional lender that is not already involved in the property or transaction. Any adjustment should not be calculated on a mechanical dollar for dollar cost of the financing or concession but the dollar amount of any adjustment should approximate the market's reaction to the financing or concessions based on the appraiser's judgment.

STATEMENT OF LIMITING CONDITIONS

CONTINGENT AND LIMITING CONDITIONS: The appraiser's certification that appears in the appraisal report is subject to the following conditions:

- The appraiser will not be responsible for matters of a legal nature that affect either the property being appraised or the title to it. The appraiser assumes that the title is good and marketable and, therefore, will not render any opinions about the title. The property is appraised on the basis of it being under responsible ownership.
- 2. The appraiser has provided a sketch in the appraisal report to show approximate dimensions of the improvements and the sketch is included only to assist the reader of the report in visualizing the property and understanding the appraiser's determination of its size.
- 3. The appraiser has examined the available flood maps that are provided by the Federal Emergency Management Agency (or other data sources) and has noted in the appraisal report whether the subject site is located in an identified Special Flood Hazard Area. Because the appraiser is not a surveyor, he or she makes no guarantees, express or implied, regarding this determination.
- 4. The appraiser will not give testimony or appear in court because he or she made an appraisal of the property in question. unless specific arrangements to do so have been made beforehand.
- 5. The appraiser has estimated the value of the land in the cost approach at its highest and best use and the improvements at their contributory value. These separate valuations of the land and improvements must not be used in conjunction with any other appraisal and are invalid if they are so used.
- 6. The appraiser has noted in the appraisal report any adverse conditions (such as, needed repairs, depreciation, the presence of hazard wastes, toxic substances, etc.) observed during the inspection of the subject property or that he or she became aware of during the normal research involved in performing the appraisal. Unless otherwise stated in the appraisal report, the appraiser has no knowledge of any hidden or unapparent conditions of the property or adverse environmental conditions (including the presence of hazardous wastes, toxic substances, etc.) that would make the property more or less valuable. and has assumed that there are no such conditions and makes no guarantees or warranties, express or implied, regarding the condition of the property. The appraiser will not be responsible for any such conditions that do exist or for any engineering or testing that might be required to discover whether such conditions exist. Because the appraiser is not an expert in the field of environmental hazards, the appraisal report must not be considered as an environmental assessment of the property.
- 7. The appraiser obtained the information, estimates, and opinions that were expressed in the appraisal report from sources that he or she considers to be reliable and believes them to be true and correct. The appraiser does not assume responsibility for the accuracy of such items that were furnished by other parties.
- 8. The appraiser will not disclose the contents of the appraisal report except as provided for in the Uniform Standards of Professional Appraisal Practice.
- 9. The appraiser has based his or her appraisal report and valuation conclusion for an appraisal that is subject to satisfactory completion, repairs, or alterations on the assumption that completion of the improvements will be performed in a workmanlike manner.
- 10. The appraiser must provide his or her prior written consent before the lender/client specified in the appraisal report can distribute the appraisal report (including conclusions about the property value, the appraiser's identity and professional designations, and references to any professional appraisal organizations or the firm with which the appraiser is associated) to anyone other than the borrower; the mortgage or its successors and assigns; the mortgage insurer; consultants; professional appraisal organizations; any state or federally approved financial institution; or any department, agency, or instrumentality of the United States or any state or the District of Columbia; except that the lender/client may distribute the property description section of the report only to data collection or reporting service(s) without having to obtain the appraiser's prior written consent. The appraiser's written consent and approval must also be obtained before the appraisal can be conveyed by anyone to the public through advertising, public relations, news, sales, or other media.

File No. MARATHON COUNTY

Case No.

APPRAISER'S CERTIFICATION: The Appraiser certifies and agrees that:

- 1. I have researched the subject market area and have selected a minimum of three recent sales of properties most similar and proximate to the subject property for consideration in the sales comparison analysis and have made a dollar adjustment when appropriate to reflect the market reaction to those items of significant variation. If a significant item in a comparable property is superior to, or more favorable than, the subject property, I have made a negative adjustment to reduce the adjusted sales price of the comparable and, if a significant item in a comparable property is inferior to, or less favorable than the subject property, I have made a positive adjustment to increase the adjusted sales price of the comparable.
- 2. I have taken into consideration the factors that have an impact on value in my development of the estimate of market value in the appraisal report. I have not knowingly withheld any significant information from the appraisal report and I believe, to the best of my knowledge, that all statements and information in the appraisal report are true and correct.
- 3. I stated in the appraisal report only my own personal, unbiased, professional analyses, opinions, and conclusions, which are subject only to the contingent and limiting conditions specified in this form. I certify that, to the best of my knowledge and belief: The statements of fact contained in this report are true and correct. The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions, and are my personal, impartial, and unbiased professional analyses, opinions and conclusions.
- 4. I have no present or prospective interest in the property that is the subject of this report, and no personal interest with respect to the parties involved. I did not base, either partially or completely, my analysis and/or the estimate of market value in the appraisal report on the race, color, religion, sex, handicap, familial status, or national origin of either the prospective owners or occupants of the subject property or the present owners or occupants of the properties in the vicinity if the subject property.
- 5. I have no present or contemplated future interest in the subject property, and neither my current or future employment nor my compensation for performing this appraisal is contingent on the appraised value of the property.
- 6. My engagement in this assignment was not contingent upon developing or reporting predetermined results. My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- 7. My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice in place as of the effective date of this appraisal, with the exception of the departure provision of those Standards, which does not apply. I acknowledge that an estimate of a reasonable time for exposure in the open market is a condition in the definition of the market value and the estimate I developed is consistent with the marketing time noted in the neighborhood section of this report, unless I have otherwise stated in the reconciliation section.
- 8. I have made a personal inspection of the property that is the subject of this report. I further certify that I have noted any apparent or known adverse conditions in the subject improvements, on the subject site, or on any site within the immediate vicinity of the subject property of which I am aware and have made adjustments for these adverse conditions in my analysis of the property value to the extent that I had market evidence to support them. I have also commented about the effect of the adverse conditions on the marketability of the subject property.
- 9. No one provided significant professional assistance to the person signing this report.

If I relied on significant professional assistance from any individual or individuals in the performance of the appraisal or the preparation of the appraisal report, I have named such individual(s) and disclosed the specific tasks performed by them in the reconciliation section of this appraisal report. I certify that any individual so named is qualified to perform the tasks. I have not authorized anyone to make a change to any item in the report; therefore, if an unauthorized change is made to the appraisal report, I will take no responsibility for it.

SUPERVISORY APPRAISER'S CERTIFICATION: If a supervisory appraiser signed the appraiser report, he or she certifies and agrees that: I directly supervise the appraiser who prepared the appraisal report, have reviewed the appraisal report, agree with the statements and conclusions of the appraiser, agree to be bound by the appraiser's certifications numbered 4 through 7 above, and am taking full responsibility for the appraisal and the appraisal report.

| ADDRESS OF PROPERTY APPRAISED: | 1308 n 16th ave, WAUSAU, WI 54414 |
|--|--|
| APPRAISER: 97 | SUPERVISORY APPRAISER (only if required) |
| Signature: Meyer | Signature: |
| Name: Gordon A Meyer | Name: |
| Date Signed: 12/26/2021 | Date Signed: |
| State Certification #: 1040-10 | State Certification #: |
| or State License #: | or State License #: |
| State: WI | State: |
| Expiration Date of Certification or License: 12/14/2023 | Expiration Date of Certification or License: |
| The state of the s | Did Did Not Inspect Property |

 Borrower
 N/A

 Property Address
 1308 n 16th ave

 City
 WAUSAU
 County
 Marathon
 State
 WI
 Zip Code
 54414

 Lender/Client
 MARATHON COUNTY
 Address
 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI

SUBJECT COMP 1 COMP 2 COMP 3 Maine Brokaw 52 1308 n 16th ave WAUSAU, WI 54414 APN: 51 FOREST PARK Bus 51 Comp 3 1209 GRAND AVE WAUSAU WI 54403 Sale: \$5,000 2.88 miles SE Comp 2 1121 PINE ST WAUSAU WI 54401 Sale: \$5,500 Big Rib River Rib Mountain Weston Rib Rib Mountain Mountain State Park Comp 1 LOT 13 STRAWBERRY LANE WAUSAU WI 54401 Sale: \$4,000 5.27 miles S Weston 29 51 Rothschild Ninemile Swamp EVERGREEN 1 miles 1 km @ 2021 TomTom, @ 2022 Microsoft Corporation Microsoft Bing

COMP 5

COMP 4

COMP 6

Borrower N/A

Property Address 1308 n 16th ave

State WI Zip Code 54414 Marathon City WAUSAU County

Address 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI Lender/Client MARATHON COUNTY

STATE OF WISCONSIN

PROPERTY TAX BILL FOR 2021 CITY OF WAUSAU

Bill No. 203507

MARATHON COUNTY

WESTVIEW TERRACE ADD LOT 5 BLK 1 0.3600 ACRES

MARATHON COUNTY 500 FOREST ST WAUSAU WI 54403

REAL ESTATE

291-2907-224-0090

| Assessed Value Land Ass'd, Value Improve | ments Total Assessed | | 98 . 40% | Net Assessed Value Rate (Does NOT reflect Credits) 0.02480206 | | |
|--|---|---|----------------------------------|---|--------|--|
| Est. Fair Mkt. Land Est. Fair Mkt. Improve | ments Total Est. Fali | | This Box Menna ion Year Tuxes | School taxes red school levy tax 0.00 | | |
| Taxing Jurisdiction | 2020 | 2021 | 2020 | 2021 | % Tax | |
| | Est. State Aids Allocated Tax District | Est, State Aids Allocated Tax District | Not Tax | Net Tax | Change | |
| MARATHON COUNTY | 2,336,368 | 2,139,569 | 0.00 | 0.00 | | |
| CITY OF WAUSAU | 7,776,787 | 7,816,285 | 0.00 | 0.00 | | |
| WAUSAU SCHOOL | 43,866,892 | 42,462,169 | 0.00 | 0.00 | | |
| NORTHCENTRAL TECH | 3,735,441 | 3,508,542 | 0.00 | 0.00 | | |
| Total | 57,715,488 | 55,926,565 | 0.00 | 0.00 | 0.0% | |
| | Fir | rst Dollar Credit | 0.00 | 0.00 | 0.0% | |
| | Lottery & | Gaming Credit | 0.00 | 0.00 | 0.0% | |
| | N | et Property Tax | 0.00 | 0.00 | | |
| Make Check Payable To: | Full Payment Due On or | Before January 31, 2022 | Net Property Tax | | 0.00 | |

CITY OF WAUSAU PO BOX 78510 MILWAUKEE WI 53278-8510 \$0.00 1/31/2022 0.00 0.00 4/30/2022 7/31/2022

FOR INFORMATIONAL PURPOSES ONLY - Voter-Appreved Temporary Tax Inc
Taxlog Jarisdiction Total Additional Total Additional Taxes
WAUSAU SCHOOL S313,548,38 0.00

TOTAL DUE FOR FULL PAYMENT

JANUARY 31, 2022 \$0.00

Warning: If not paid by due dates, installment option is lost and total tax is delisquent subject to interest and, if applicable penalty. Fallure to pay on time. See reverse.

MARATHON COUNTY 500 FOREST ST WAUSAU WI 54403

Return this portion with payment.

MARATHON COUNTY 500 FOREST ST WAUSAU WI 54403

Total Due for Full Payment: Installment Payment: Payment Date:

0.00 0.00 1/31/2022

Amount Enclosed \$

Make check payable and mail payments to:

CITY OF WAUSAU PO BOX 78510 MILWAUKEE WI 53278-8510 historilla dilla dishishishi dillim dilla dishishi di

291-2907-224-0090

01291290722400900000000000000000000202201319

of

Borrower N/A Property Address 1308 n 16th ave City WAUSAU State WI Zip Code County 54414 Lender/Client MARATHON COUNTY Address 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI

EXPIRES: 12/14/2023

The State of Wisconsin Department of Safety and Professional Services

Hereby certifies that GORDON A MEYER.

was granted a certificate to practice as a

CERTIFIED GENERAL APPRAISER ELIGIBLE TO APPRAISE FEDERALLY RELATED TRANSACTIONS IS AQB COMPLIANT

in the State of Wisconsin in accordance with Wisconsin Law on the 7th day of January in the year 2000. The authority granted herein must be renewed each biennium by the granting authority. In witness thereof, the State of Wisconsin Department of Safety and Professional Services has caused this certificate to be issued under its official seal.

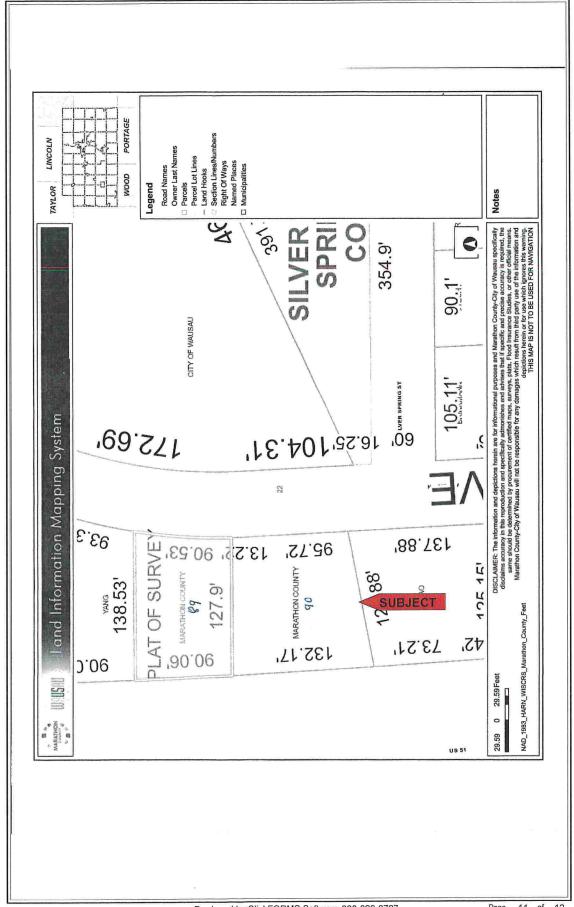


Raw B. M

This certificate was printed on the 14th day of December in the year 2021

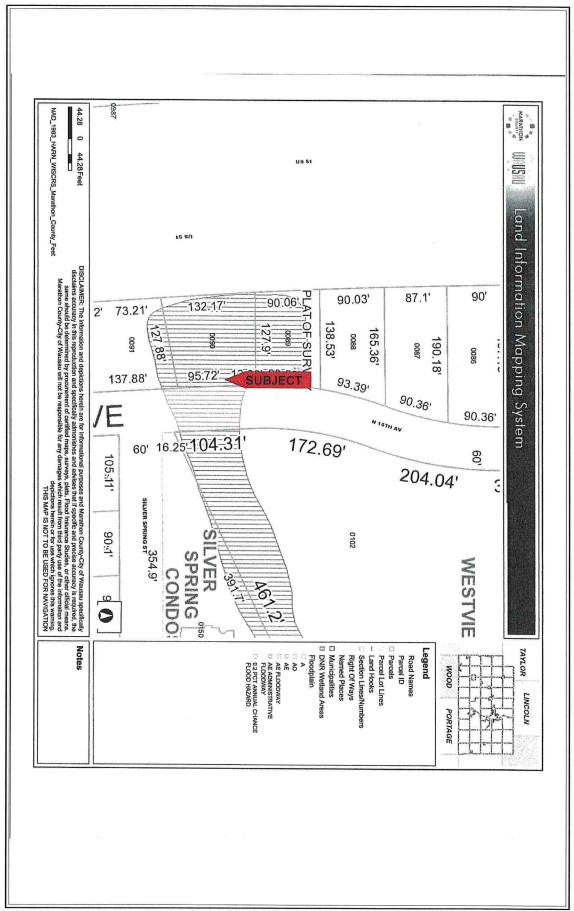
Borrower N/A

Property Address 1308 n 16th ave Zip Code 54414 City WAUSAU County Marathon State WI Lender/Client MARATHON COUNTY Address 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI



Borrower N/A

| Property Address 1308 n 16th ave | | | | | | |
|----------------------------------|--------|--------------------|--------------|-----|------------|-------|
| City WAUSAU | County | Marathon | State | WI | Zip Code | 54414 |
| Lender/Client MARATHON COUNTY | | Address 531 WASHIN | IGTON ST. PC | ВОХ | 1184 WAUSA | U WI |



| | IC | |
|--|----|--|
| | | |
| | | |

Date: 12/26/2021

File No. MARATHON COUNTY

Case No.

Prepared for:

MARATHON COUNTY 531 WASHINGTON ST PO BOX 1184 WAUSAU, WI

Property Appraised:

N/A 1308 n 16th ave WAUSAU, WI 54414

Total Amount Due: \$ _____ 250.00

Please make checks payable to:

meyer appraisal service 4503 AUGUSTINE AVE WESTON, WI 54476

APPRAISAL REPORT OF



1312 n 16th ave WAUSAU, WI 54414

PREPARED FOR

MARATHON COUNTY 531 WASHINGTON ST PO BOX 1184 WAUSAU, WI

AS OF

12/22/2021

PREPARED BY

meyer appraisal service 4503 AUGUSTINE AVE WESTON, WI 54476

Case No.

Table of Contents

| Page Title | Page # |
|-----------------------------|--------|
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| USPAP Certification | 7 |
| Location Map | 8 |
| Exhibit | 9 |
| Exhibit | 10 |
| Exhibit | 11 |
| Exhibit | 12 |

SUMMARY OF SALIENT FEATURES _____ MARATHON COUNTY

| | | - | Case No. | |
|-------------|---------------------------|----|--|--|
| SUBJECT IN | FORMATION | | | |
| | Subject Address | | 1312 n 16th ave | |
| | Legal Description | | SEE ADDENDUM | |
| | City | | WAUSAU | |
| | County | | Marathon | |
| | State | | WI | |
| | Zip Code | | 54414 | |
| | Census Tract | | 8 | |
| | Map Reference | | 59 | |
| SALES PRIC | E | | | |
| | Sale Price | \$ | N/A | A Company of the Comp |
| | Date of Sale | | N/A | |
| CLIENT | | | | |
| | Borrower | | No. | |
| | Lender/Client | | N/A MARATHON COUNTY | |
| DESCRIPTIO | N OF IMPROVEMENT | | MARATHON COUNTY | |
| DEGGINI TIO | NOT IMPROVEMENT | | | |
| | Size (Square Feet) | | | |
| | Price per Square Foot | \$ | | |
| | Location | | URBAN | |
| | Age | | | |
| | Condition | | | |
| | Total Rooms | | | |
| | Bedrooms | | Name of the Control o | |
| | Baths | | | |
| APPRAISER | | | | |
| | Appraiser | | Gordon A Meyer | u . |
| | Date of Appraised Value | | 12/22/2021 | · |
| VALUE | | | | |
| | Final Opinion of Value \$ | | 5,500 | |
| | | | | , |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

12/26/2021

MARATHON COUNTY 531 WASHINGTON ST PO BOX 1184 WAUSAU, WI

RE:

N/A

1312 n 16th ave

WAUSAU, WI 54414

File No. MARATHON COUNTY

Case No.

Dear

In accordance with your request, I have personally inspected and prepared an appraisal report of the real property located at:

1312 n 16th ave, WAUSAU, WI 54414

The purpose of this appraisal is to estimate the market value of the property described in the body of this appraisal report.

Enclosed, please find the appraisal report which describes certain data gathered during our investigation of the property. The methods of approach and reasoning in the valuation of the various physical and economic factors of the subject property are contained in this report.

An inspection of the property and a study of pertinent factors, including valuation trends and an analysis of neighborhood data, led the appraiser to the conclusion that the market value, as of 12/22/2021

> 5,500 \$

The opinion of value expressed in this report is contingent upon the limiting conditions attached to this

It has been a pleasure to assist you. If I may be of further service to you in the future, please let me know.

Respectfully submitted,

Signature:

Gordon A Meyer

meyer appraisal service SUBJECT PHOTO ADDENDUM

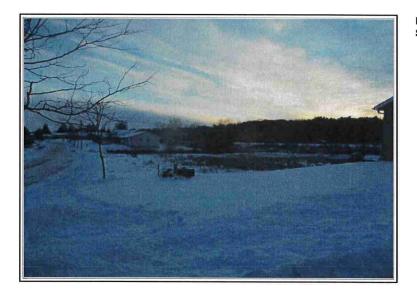
File No. MARATHON COUNTY Case No.

 Borrower
 N/A

 Property Address
 1312 n 16th ave

 City
 WAUSAU
 County
 Marathon
 State
 WI
 Zip Code
 54414

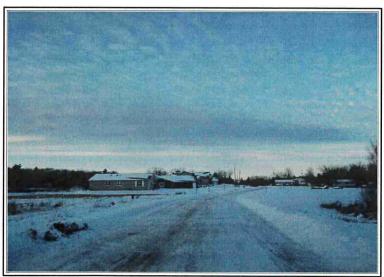
 Lender/Client
 MARATHON COUNTY
 Address
 531 WASHINGTON ST, PO BOX 1184
 WAUSAU, WI



FRONT OF SUBJECT PROPERTY 1312 n 16th ave WAUSAU, WI 54414



REAR OF SUBJECT PROPERTY



Produced by ClickFORMS Software 800-622-8727

STREET SCENE

| 1000 | | | LAND AF | | L ILLI O | | | Case No. | | |
|-----------------------|---|--|--|---|---|--|---|--|--|---|
| QI. | Borrower N/A | | C | ensus Tract _ | | 8 | | Map Reference | | 59 |
| 7 | Property Address 13 | 312 n 16th ave | | | | | | | | |
| ō | City WAUSAU | | County | Marath | non S | tate | WI | Zip Code | 54 | 1414 |
| A | Legal Description SE | E ADDENDUM | | | | | | | | |
| S | | N/A Date of Sale | N/A Loan Term | | yrs. Property Rig | ghts Appra | ised X Fe | e Leaseho | old De | Minimis PUD |
| Ė | Actual Real Estate Ta | | r) Loan Charges to be paid | by seller \$ | N/A Other | Sales Con | cessions NOI | NE | | |
| IDENTIFICATION | Lender/Client MARA | | | Addre | ss 531 WASH | INGTON | ST, PO BO | X 1184 WAL | JSAU, W | l |
| 빌 | | | iser Gordon A | | | Appraiser | ESTIMATE I | MARKET VAL | UE | |
| | | , | | ne a describeration | - anaportonas d | - ene | | | | |
| 112 | Location | X Urban | Suburban | Ru | ral | | | | | . Fair Poor |
| | Built Up | X Over 75% | 2000-005 N 000000000 | | der 25% | Employm | ent Stability | | X | |
| | Growth Rate | Fully Dev. Rapid | X Steady | Slo | S. B. S. | 0.000 | ence to Employ | ment | X | |
| | Property Values | Increasing | 200000000000000000000000000000000000000 | 500 | clinina | | ence to Shoppin | | X | |
| | Demand/Supply | Shortage | - | | ersupply | | ence to Schools | | X | |
| 疆 | Marketing Time | Under 3 M | PGC 16 S0A0 | | er 6 Mos. | 1=1=1000000000 | y of Public Tra | | X | |
| 9 | Dracent Land Line 6 | | Family <u>1</u> % Apts <u>1</u> | | | 00000000000000000000000000000000000000 | onal Facilities | | X | |
| 8 | Present Land Use_6 | | cant 06 % | _/0 CONGO23 | _// Commercial | | y of Utilities | | | |
| 푼 | Change In Present La | | | Пт | aking Place (*) | | of Compatibilit | v | X | |
| <u>o</u> | Change In Present La | 29116 - SS-2005 | | ·。 | aking riace () | | | ntal Conditions | HX | |
| Ϊ | Dradominato Cocupar | (*) From ncv X Owner | Tenant | | % Vacant | | d Fire Protecti | | X | |
| NEIGHBORHOOD | Predominate Occupar Single Family Price R | | to \$400,000_ Pre | | E 1200102011120 | | Appearance of | | $\frac{1}{x}$ | |
| Z | Single Family Age | 10 yrs | | | | Appeal to | Section of the second | | X | |
| | | | 3122 | | | 2.5 | | | | |
| 1 | Comments including t | hose factors, favorable or u | infavorable, affecting marke | etability (e.g. put | olic parks, school | s, view, no | ise): THE SU | JBJECT IS LOC | ATED ON | THE SOUTH |
| | WEST SIDE OF W | AUSAU, LAND USE IN | THE AREA INCLUDED F | RESIDENTIAL | AS WELL AS A | SOME N | IANUFACTU | RING USE A B | LOCK SO | UTH OF THE |
| | SUBJECT. | | | | | | | | | |
| | | | | | | | | | | |
| | Dimensions 90.06X | 138.53X90.53X127.9 | | | | Аррх: 12 | ,029 sf | | Corner Lo | |
| | Zoning Classification | R-2 RESIDENTIAL | | | Present Impr | ovements | X do | do not conform | to zoning r | egulations |
| | | | Other (specify) Residentia | | | | | | | |
| | | Other (Describe) | OFF SITE IMPROVEME | | LEVEL | | | | | |
| | Elec. X | | et Access X Public | | IRREGULA | | | | | |
| ш | Gas X | | ace PAVED | | e Rectangular | r= | | | | |
| SITE | Water X | Mai | ntenance X Public | | AVERAGE | A/NI | | | | |
| | San. Sewer X | eraround Floct 0 Tel | | Gutter Drain | age <u>UNKNO\</u> property located | din a LIID | identified Sno | cial Flood Hazar | d Area? | X No Yes |
| | Comments (favorella | erground Elect. & Tel. | ny apparent adverse easem | nente energachi | ments or other an | verse con | ditions). THIS | SITE CONF | ORMS W | /ITH LOCAL |
| | ZONING THERE | | ny apparent adverse easer DF ANY ADVERSE EA | SEMENTS | OR ENCROAC | CHMENT | S. THE SITI | E IS IN WET | LANDS | 200/12 |
| | ZUNING. THERE | . IO NO INDICATION (| OF ANT ADVERSE EF | OFINITIALO (| ZI LITONOAC | 2. 11VILLIVI | OI THE OIL | | | |
| 10 | | | | | | | | | | |
| N. | The undersigned has | recited three recent sales of | of properties most similar ar | nd proximate to | subject and has o | considered | these in the m | arket analysis. T | he descrip | tion includes |
| | a dollar adjustment r | offeeting market reaction to | those items of cignificant v | ariation hetwee | n the subject and | comparar | ile properties. I | r a significant he | m in the co | illibalable |
| | property is superior to | or more tayorable than the | e subject property, a minus ne subject property, a plus (| (-) adjustment is +) adjustment is | made thus incre | ony the in asina the i | uicated value o ndicated value | of the subject. | minuant itel | iii iii iile |
| | comparable is interior | | | , | | | | | | |
| | comparable is inferior | | | | COI | MPARABL | E NO.2 | CC | MPARABL | E NO.3 |
| | | SUBJECT PROPERTY 312 n 16th ave | | E NO.1 | COI | MPARABL 21 PINE | E NO.2 | CC | MPARABL GRAND | E NO.3 |
| | Address 1 | SUBJECT PROPERTY | COMPARABL | E NO.1 RRY LANE | COI 112 WAUS | 21 PINE AU WI, | E NO.2 ST 54401 | 1209 WAUS | MPARABI GRAND SAU WI, | E NO.3 AVE 54403 |
| S | Address 1 WA Proximity to Subject | SUBJECT PROPERTY 312 n 16th ave USAU, WI 54414 | COMPARABL LOT 13 STRAWBE WAUSAU WI, 5.27 miles | E NO.1 ERRY LANE 54401 | COI 112 WAUS | 21 PINE AU WI, 2 miles \$ | E NO.2 ST 54401 SE | 1209 WAUS | MPARABI GRAND SAU WI, 88 miles | E NO.3 D AVE 54403 SE |
| rsis | Address 1 | SUBJECT PROPERTY 312 n 16th ave | COMPARABL LOT 13 STRAWBE WAUSAU WI, 5.27 miles | E NO.1 ERRY LANE 54401 S S 4,000 | COI 112 WAUS | 21 PINE AU WI, 2 miles \$ | E NO.2 ST 54401 SE 5,500 | 1209 WAUS 2.1 | MPARABI GRAND SAU WI, 88 miles | E NO.3 D AVE 54403 SE 5,000 |
| ALYSIS | Address 1 WA Proximity to Subject Sales Price Price / | SUBJECT PROPERTY 312 n 16th ave .USAU, WI 54414 \$ N/A \$ 0.00 | COMPARABL LOT 13 STRAWBE WAUSAU WI, 5.27 miles | E NO.1 ERRY LANE 54401 5 S 6 4,000 6 0.00 | COI 112 WAUS 0.8 | 21 PINE AU WI, 2 miles \$ \$ | E NO.2 ST 54401 SE 5,500 0.70 | 1209 WAUS 2.1 | MPARABL GRAND SAU WI, 88 miles \$ | E NO.3 0 AVE 54403 SE 5,000 0.72 |
| | Address 1 WA Proximity to Subject Sales Price Data Source | SUBJECT PROPERTY 312 n 16th ave USAU, WI 54414 \$ N/A \$ 0.00 Inspection | COMPARABL LOT 13 STRAWBE WAUSAU WI, 5.27 miles | E NO.1 FRRY LANE 54401 S S G 4,000 C 0.00 | COI 112 WAUS 0.8 | 21 PINE AU WI, 2 miles \$ \$ \$ \$# 17060 | E NO.2 ST 54401 SE 5,500 0.70 675 | 2.4 MAUS 2.4 | OMPARABLE OF GRAND SAU WI, 88 miles \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | LE NO.3 0 AVE 54403 SE 5,000 0.72 |
| | Address 1 WA Proximity to Subject Sales Price Price / Data Source Date of Sale and | SUBJECT PROPERTY 312 n 16th ave USAU, WI 54414 \$ N/A \$ 0.00 Inspection DESCRIPTION | COMPARABL LOT 13 STRAWBE WAUSAU WI, 5.27 miles MLS# 22100 DESCRIPTION | E NO.1 ERRY LANE 54401 5 S 6 4,000 6 0.00 | COI 112 WAUS 0.8 MLS DESCRII | 21 PINE AU WI, 2 miles \$ \$ \$# 17060 PTION | E NO.2 ST 54401 SE 5,500 0.70 | ML DESCRI | OMPARABLE O GRAND SAU WI, 88 miles \$ \$ \$ \$ \$ \$ \$ \$ PTION | E NO.3 0 AVE 54403 SE 5,000 0.72 |
| | Address 1 WA Proximity to Subject Sales Price Price / Data Source Date of Sale and Time Adjustment | SUBJECT PROPERTY 312 n 16th ave USAU, WI 54414 \$ N/A \$ 0.00 Inspection DESCRIPTION N/A | COMPARABL LOT 13 STRAWBE WAUSAU WI, 5.27 miles MLS# 2210 DESCRIPTION 8/12/2021 | E NO.1 FRRY LANE 54401 S S G 4,000 C 0.00 | MLS DESCRII | 21 PINE AU WI, 2 miles \$ \$ \$# 17060 PTION | E NO.2 ST 54401 SE 5,500 0.70 675 | ML DESCRI 4/30/2 | OMPARABLE O GRAND SAU WI, 88 miles \$ \$ S# 1702 PTION 021 | LE NO.3 0 AVE 54403 SE 5,000 0.72 |
| DATA ANAL | Address 1 WA Proximity to Subject Sales Price Price / Data Source Date of Sale and Time Adjustment Location | SUBJECT PROPERTY 312 n 16th ave USAU, WI 54414 \$ N/A \$ 0.00 Inspection DESCRIPTION N/A URBAN | COMPARABL LOT 13 STRAWBE WAUSAU WI, 5.27 miles MLS# 2210i DESCRIPTION 8/12/2021 SUB | E NO.1 FRRY LANE 54401 S S G 4,000 C 0.00 | MLS DESCRII 5/24/20 URBA | 21 PINE AU WI, 2 miles \$ \$ \$# 17060 PTION 019 | E NO.2 ST 54401 SE 5,500 0.70 675 | ML DESCRI 4/30/2 URB/ | OMPARABLE O GRAND SAU WI, 88 miles \$ \$ \$ \$ S# 1702 PTION 021 AN | LE NO.3 0 AVE 54403 SE 5,000 0.72 |
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meyer appraisal service COMMENT ADDENDUM

File No. MARATHON COUNTY Case No.

Borrower N/A

 Property Address
 1312 n 16th ave

 City
 WAUSAU
 County
 Marathon
 State
 WI
 Zip Code
 54414

 Lender/Client
 MARATHON COUNTY
 Address
 531 WASHINGTON ST, PO BOX 1184
 WAUSAU, WI

LEGAL DESCRIPTION

WESTVIEW TERRACE ADD LOT 4 BLOCK 1 OF PLAT OF SURVEY 02.25.15 RIVERSIDE LAND SURVEYING 0.28 ACRES, CITY OF WAUSAU, MARATHON COUNTY WISCONSIN

LOT SIZE... PER CITY .028 ACRES

GENERAL COMMENTS

THE REPORT WAS COMPLETED TO ESTIMATE THE CURRENT MARKET VALUE OF THE SUBJECT WITH OWNERSHIP IN FEE SIMPLE TO BE USED BY MARATHON COUNTY TO ESTIMATE VALUE FOR QUICK AND REASONABLE SALE

THE SCOPE OF WORK INCLUDED MY PERSONAL INSPECTION OF THE SUBJECT, REVIEW OF GOVERNMENT DATA ON THE SUBJECT, REVIEW OF POTENTIAL COMPARABLE SALES AND LISTINGS IN THE CENTRAL WISCONSIN ML'S SERVICE.

THE DEFINITION OF MARKET VALUE WAS INCLUDED AND TAKEN FROM FNMA

THE SUBJECT SITE IS A DRAINAGE AREA AND IT INDICATED AS BEING IN WET LANDS AND IS NOT BUILDABLE.

HIGHEST AND BEST USE WOULD TO BE ADDED TO THE PARCELS ON EITHER SIDE.

THE WET LANDS MAP IS ALSO ATTACHED

AS INDICATED THE ASSESSORS OFFICE INDICATED THE SITE WAS BUILT ON AT ONE TIME HOWEVER THE HOME HAD TO BE REMOVED BECAUSE OF THE WET LANDS. BEST USE WOULD BE FOR NEIGHBOR ETC TO PARK A CAMPER OR TRAILER ON.

meyer appraisal service

APPRAISAL AND REPORT IDENTIFICATION

Borrower N/A

File No. MARATHON COUNTY Case No.

Property Address 1312 n 16th ave Marathon 54414 County WI Zip Code WAUSAU State Address 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI MARATHON COUNTY This Appraisal conforms to one of the following definitions: X Complete Appraisal The act or process of estimating value, or an estimate of value, performed without invoking the Departure Provision. Limited Appraisal The act or process of estimating value, or an estimation of value, performed under and resulting from invoking the Departure Provision. This Report is one of the following types: Self Contained Report A written report prepared under Standards Rule 2-2(A) of a complete or limited appraisal performed under Standard 1. X Summary Report A written report prepared under Standards Rule 2-2(B) of a complete or limited appraisal performed under Standard 1. Restricted Report A written report prepared under Standards Rule 2-2(C) of a complete or limited appraisal performed under Standard 1. Comments on Appraisal and Report Identification Note any departures from Standards Rules 1-2, 1-3, 1-4, plus any USPAP-related issues requiring disclosure:

DEFINITION OF MARKET VALUE: The most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller, each acting prudently, knowledgeably and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby: (1) buyer and seller are typically motivated; (2) both parties are well informed or well advised, and each acting in what he considers his own best interest; (3) a reasonable time is allowed for exposure in the open market; (4) payment is made in terms of cash in U. S. dollars or in terms of financial arrangements comparable thereto; and (5) the price represents the normal consideration for the

property sold unaffected by special or creative financing or sales concessions* granted by anyone associated with the sale.

*Adjustments to the comparables must be made for special or creative financing or sales concessions. No adjustments are necessary for those costs which are normally paid by sellers as a result of tradition or law in a market; these costs are readily identifiable since the seller pays these costs in virtually all sales transactions. Special or creative financing adjustments can be made to the comparable property by comparisons to financing terms offered by a third party institutional lender that is not already involved in the property or transaction. Any adjustment should not be calculated on a mechanical dollar for dollar cost of the financing or concession but the dollar amount of any adjustment should approximate the market's reaction to the financing or concessions based on the appraiser's judgment.

STATEMENT OF LIMITING CONDITIONS

CONTINGENT AND LIMITING CONDITIONS: The appraiser's certification that appears in the appraisal report is subject to the following conditions:

- 1. The appraiser will not be responsible for matters of a legal nature that affect either the property being appraised or the title to it. The appraiser assumes that the title is good and marketable and, therefore, will not render any opinions about the title. The property is appraised on the basis of it being under responsible ownership.
- 2. The appraiser has provided a sketch in the appraisal report to show approximate dimensions of the improvements and the sketch is included only to assist the reader of the report in visualizing the property and understanding the appraiser's determination of its size.
- 3. The appraiser has examined the available flood maps that are provided by the Federal Emergency Management Agency (or other data sources) and has noted in the appraisal report whether the subject site is located in an identified Special Flood Hazard Area. Because the appraiser is not a surveyor, he or she makes no guarantees, express or implied, regarding this determination.
- 4. The appraiser will not give testimony or appear in court because he or she made an appraisal of the property in question, unless specific arrangements to do so have been made beforehand.
- 5. The appraiser has estimated the value of the land in the cost approach at its highest and best use and the improvements at their contributory value. These separate valuations of the land and improvements must not be used in conjunction with any other appraisal and are invalid if they are so used.
- 6. The appraiser has noted in the appraisal report any adverse conditions (such as, needed repairs, depreciation, the presence of hazard wastes, toxic substances, etc.) observed during the inspection of the subject property or that he or she became aware of during the normal research involved in performing the appraisal. Unless otherwise stated in the appraisal report, the appraiser has no knowledge of any hidden or unapparent conditions of the property or adverse environmental conditions (including the presence of hazardous wastes, toxic substances, etc.) that would make the property more or less valuable, and has assumed that there are no such conditions and makes no guarantees or warranties, express or implied, regarding the condition of the property. The appraiser will not be responsible for any such conditions that do exist or for any engineering or testing that might be required to discover whether such conditions exist. Because the appraiser is not an expert in the field of environmental hazards, the appraisal report must not be considered as an environmental assessment of the property.
- 7. The appraiser obtained the information, estimates, and opinions that were expressed in the appraisal report from sources that he or she considers to be reliable and believes them to be true and correct. The appraiser does not assume responsibility for the accuracy of such items that were furnished by other parties.
- 8. The appraiser will not disclose the contents of the appraisal report except as provided for in the Uniform Standards of Professional Appraisal Practice.
- 9. The appraiser has based his or her appraisal report and valuation conclusion for an appraisal that is subject to satisfactory completion, repairs, or alterations on the assumption that completion of the improvements will be performed in a workmanlike manner.
- 10. The appraiser must provide his or her prior written consent before the lender/client specified in the appraisal report can distribute the appraisal report (including conclusions about the property value, the appraiser's identity and professional designations, and references to any professional appraisal organizations or the firm with which the appraiser is associated) to anyone other than the borrower; the mortgage or its successors and assigns; the mortgage insurer; consultants; professional appraisal organizations; any state or federally approved financial institution; or any department, agency, or instrumentality of the United States or any state or the District of Columbia; except that the lender/client may distribute the property description section of the report only to data collection or reporting service(s) without having to obtain the appraiser's prior written consent. The appraiser's written consent and approval must also be obtained before the appraisal can be conveyed by anyone to the public through advertising, public relations, news, sales, or other media.

APPRAISER'S CERTIFICATION: The Appraiser certifies and agrees that:

1. I have researched the subject market area and have selected a minimum of three recent sales of properties most similar and proximate to the subject property for consideration in the sales comparison analysis and have made a dollar adjustment when appropriate to reflect the market reaction to those items of significant variation. If a significant item in a comparable property is superior to, or more favorable than, the subject property, I have made a negative adjustment to reduce the adjusted sales price of the comparable and, if a significant item in a comparable property is inferior to, or less favorable than the subject property, I have made a positive adjustment to increase the adjusted sales price of the comparable.

- 2. I have taken into consideration the factors that have an impact on value in my development of the estimate of market value in the appraisal report. I have not knowingly withheld any significant information from the appraisal report and I believe, to the best of my knowledge, that all statements and information in the appraisal report are true and correct.
- 3. I stated in the appraisal report only my own personal, unbiased, professional analyses, opinions, and conclusions, which are subject only to the contingent and limiting conditions specified in this form. I certify that, to the best of my knowledge and belief: The statements of fact contained in this report are true and correct. The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions, and are my personal, impartial, and unbiased professional analyses, opinions and conclusions.
- 4. I have no present or prospective interest in the property that is the subject of this report, and no personal interest with respect to the parties involved. I did not base, either partially or completely, my analysis and/or the estimate of market value in the appraisal report on the race, color, religion, sex, handicap, familial status, or national origin of either the prospective owners or occupants of the subject property or the present owners or occupants of the properties in the vicinity if the subject property.
- 5. I have no present or contemplated future interest in the subject property, and neither my current or future employment nor my compensation for performing this appraisal is contingent on the appraised value of the property.
- 6. My engagement in this assignment was not contingent upon developing or reporting predetermined results. My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- 7. My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice in place as of the effective date of this appraisal, with the exception of the departure provision of those Standards, which does not apply. I acknowledge that an estimate of a reasonable time for exposure in the open market is a condition in the definition of the market value and the estimate I developed is consistent with the marketing time noted in the neighborhood section of this report, unless I have otherwise stated in the reconciliation section.
- 8. I have made a personal inspection of the property that is the subject of this report. I further certify that I have noted any apparent or known adverse conditions in the subject improvements, on the subject site, or on any site within the immediate vicinity of the subject property of which I am aware and have made adjustments for these adverse conditions in my analysis of the property value to the extent that I had market evidence to support them. I have also commented about the effect of the adverse conditions on the marketability of the subject property.
- 9. No one provided significant professional assistance to the person signing this report.

If I relied on significant professional assistance from any individual or individuals in the performance of the appraisal or the preparation of the appraisal report, I have named such individual(s) and disclosed the specific tasks performed by them in the reconciliation section of this appraisal report. I certify that any individual so named is qualified to perform the tasks. I have not authorized anyone to make a change to any item in the report; therefore, if an unauthorized change is made to the appraisal report, I will take no responsibility for it.

SUPERVISORY APPRAISER'S CERTIFICATION: If a supervisory appraiser signed the appraiser report, he or she certifies and agrees that: I directly supervise the appraiser who prepared the appraisal report, have reviewed the appraisal report, agree with the statements and conclusions of the appraiser, agree to be bound by the appraiser's certifications numbered 4 through 7 above, and am taking full responsibility for the appraisal and the appraisal report.

| ADDRESS OF PROPERTY APPRAISED: | 1312 n 16th ave, WAUSAU, WI 54414 |
|---|--|
| APPRAISER: 97 | SUPERVISORY APPRAISER (only if required) |
| Signature: Meye | Signature: |
| Name: Gordon A Meyer | Name: |
| Date Signed: 12/26/2021 | Date Signed: |
| State Certification #: 1040-10 | State Certification #: |
| or State License #: | or State License #: |
| State: WI | State: |
| Expiration Date of Certification or License: 12/14/2023 | Expiration Date of Certification or License: Did Did Not Inspect Property |

 Borrower
 N/A

 Property Address
 1312 n 16th ave

 City
 WAUSAU
 County
 Marathon
 State
 WI
 Zip Code
 54414

 Lender/Client
 MARATHON COUNTY
 Address
 531 WASHINGTON ST, PO BOX 1184
 WAUSAU, WI

SUBJECT COMP 1 COMP 2 COMP 3

Maine Brokaw

Subject 1308 n 16th ave WAUSAU, WI 54414 APN

FOREST PARK

(51)

Comp 2
1121 PIRE ST
WAUSAU WI 54401
Sale: \$5,500
0.32 miles SE

Rib Mountain
Rib Mountain
State Park

State Park

Sale: \$0,000
1.32 miles SE

River

Rib Mountain
State Park

Rib Mountain
State Par

Produced by ClickFORMS Software 800-622-8727

COMP 4

Microsoft Bing

EVERGREEN

COMP 5

1 miles

COMP 6

© 2021 TomTom, © 2022 Microsoft Corporation

Borrower N/A

Property Address 1312 n 16th ave

State WI Zip Code 54414 City WAUSAU County Marathon

Lender/Client MARATHON COUNTY Address 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI

STATE OF WISCONSIN
PROPERTY TAX BILL FOR 2021
CITY OF WAUSAU MARATHON COUNTY

IMPORTANT: Correspondence should refer to tax number See reverse side for important Information Be sure this description covers your property. This description is for property tax bill only and may not be a full legal description.

Bill No. 203506

MARATHON COUNTY
1312 N 16TH AVE
WESTVIEW TERRACE ADD LOT 4 BLK 1 PLAT OF
SURVEY 02.25,15 RIVERSIDE LAND SURVEYING
0.2800 ACRES

MARATHON COUNTY 500 FOREST ST WAUSAU WI 54403

REAL ESTATE

291-2907-224-0089

| Assessed Value Land 2,700 | Ass'd. Value Improvements Est. Fair Mkt. Improvements | Total Assessed | I Value Ave. | . Assmt. Ratio 98 . 40% | Net Assessed Value Rate (Does NOT reflect Credits) 0.02480206 | | |
|------------------------------|--|--|--|---|---|---|--|
| Est. Fair Mkt. Land 2,700 | | s Total Est. Fair 2,700 | | A Star in This Box Means Unpaid Prior Year Taxes | | School taxes reduced by school levy tax credit 4.47 | |
| Taxing Jurisdiction | | 2020 | 2021 | 2020 | 2021 | % Tax | |
| | E | st. State Aids Allocated Tax District | Est. State Aids Allocated Tax District | Not Tax | Not Tax | Change | |
| MARATHON COUNTY | | 2,336,368 | 2,139,569 | 0.00 | 12.50 | | |
| CITY OF WAUSAU | | 7,776,787 | 7,816,285 | 0.00 | 27.54 | | |
| WAUSAU SCHOOL | | 43,866,892 | 42,462,169 | 0.00 | 23.61 | | |
| NORTHCENTRAL TE | ĎН | 3,735,441 | 3,508,542 | 0.00 | 3.31 | | |
| Total | | 57,715,488 | 55,926,565 | 0.00 | 66.96 | 100.08 | |
| | | First Dollar Credit | | 0.00 | 0.00 | 0.0% | |
| | | Lottery & Gaming Credit | | 0.00 | 0.00 | 0.0% | |
| | | Ne | et Property Tax | 0.00 | 66.96 | 100.0% | |
| Make Check Payah | ole To: | Full Payment Due On or | Full Payment Due On or Before January 31, 2022 | | | 66.9 | |

Make Check Payable To: Full Payment Due On or Befure January 31, 2022 \$66.96 CITY OF WAUSAU PO BOX 78510 MILWAUKEE WI 53278-8510 1/31/2022 66.96 0.00 4/30/2022 7/31/2022 0.00 FOR INFORMATIONAL PURPOSES ONLY - Voter-Approved Temporary Tax Ioc Taxing Jurisdiction Testal Additional Taxet Applied To Property WAUSAU SCHOOL \$313,548.38 0.28

TOTAL DUE FOR FULL PAYMENT

JANUARY 31, 2022 \$66.96

Warning: If not paid by due dates, installment option is lost and total tax is delinquent subject to interest and, if applicable, penalty. Failure to pay on time. See reverse.

MARATHON COUNTY 500 FOREST ST WAUSAU WI 54403

Return this portion with payment.

MARATHON COUNTY 500 FOREST ST WAUSAU WI 54403 Total Due for Full Payment: Installment Payment: Payment Date:

66.96 66.96 1/31/2022

Amount Enclosed \$

Make check payable and mail payments to:

CITY OF WAUSAU PO BOX 78510 MILWAUKEE WI 53278-8510 Idan Daddhalladaladahan IIII amalika Ilad

291-2907-224-0089

0129129072240089000006696000006696202201311

MARATHON COUNTY Case No.

Borrower N/A Property Address 1312 n 16th ave City WAUSAU County Marathon State WI Zip Code 54414 Lender/Client MARATHON COUNTY Address 531 WASHINGTON ST, PO BOX 1184 WAUSAU, WI

EXPIRES: 12/14/2023

NO. 1040 - 10

The State of Wisconsin Department of Safety and Professional Services

Hereby certifies that GORDON A MEYER.

was granted a certificate to practice as a

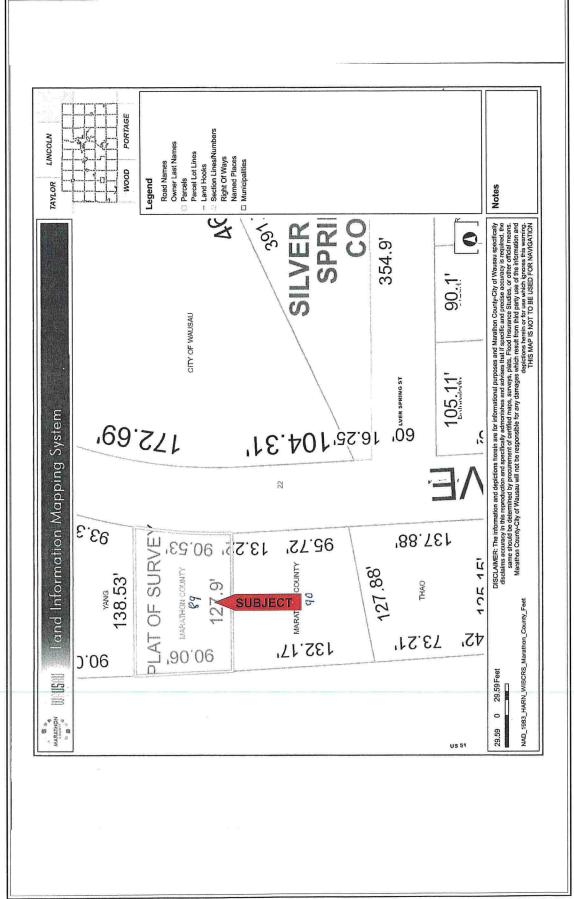
CERTIFIED GENERAL APPRAISER ELIGIBLE TO APPRAISE FEDERALLY RELATED TRANSACTIONS IS AQB COMPLIANT

in the State of Wisconsin in accordance with Wisconsin Law on the 7th day of January in the year 2000. The authority granted herein must be renewed each biennium by the granting authority. In witness thereof, the State of Wisconsin Department of Safety and Professional Services has caused this certificate to be issued under its official seal.



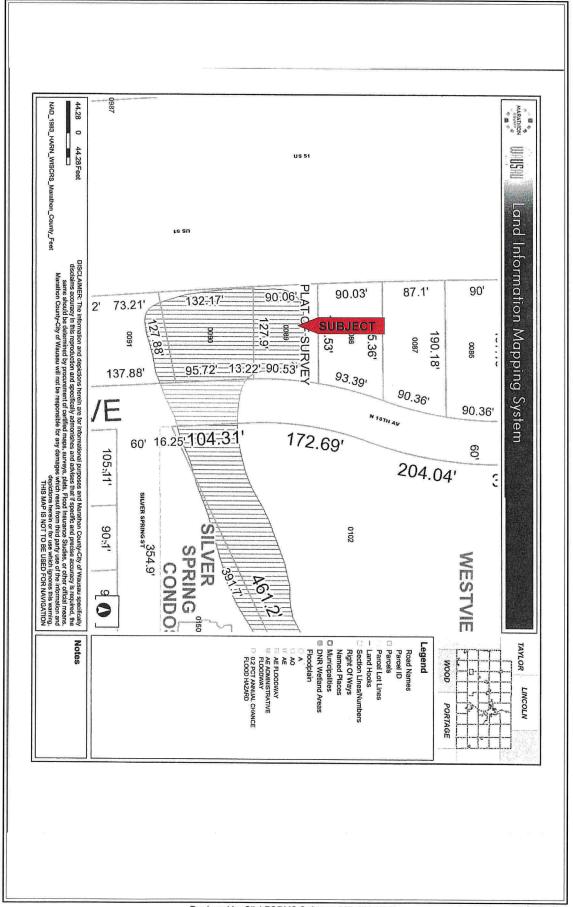
This certificate was printed on the 14th day of December in the year 2021

Borrower N/A



Borrower N/A

| Property Address 1312 n 16th ave | | | | | | |
|----------------------------------|--------|----------------------|-----------|-----|------------|-------|
| City WAUSAU | County | Marathon | State | WI | Zip Code | 54414 |
| Lender/Client MARATHON COUNTY | | Address 531 WASHINGT | ON ST, PC | ВОХ | 1184 WAUSA | U, WI |



| | | - | _ |
|-----|-----|-----------------------|-------|
| IN | | $\boldsymbol{\alpha}$ | |
| 111 | ı v | v. | |

| Date: | 12/26/2021 |
|-------|------------|
| | |

File No. MARATHON COUNTY Case No.

Prepared for:

MARATHON COUNTY 531 WASHINGTON ST PO BOX 1184 WAUSAU, WI

Property Appraised:

N/A 1312 n 16th ave WAUSAU, WI 54414

| Work | Performed: | |
|------|-------------------|--------------|
| | | \$ 250.00 |
| | | \$ |
| | | \$ |
| | | \$ |
| | Total Amount Due: | \$ 250.00 |

Please make checks payable to:

meyer appraisal service 4503 AUGUSTINE AVE WESTON, WI 54476

| RESOLUTION NO. | |
|----------------|--|
|----------------|--|

RESTRUCTURING OF THE ZONING AND REGULATORY PROGRAM STAFFING OF CONSERVATION, PLANNING, AND ZONING (CPZ) DEPARTMENT

WHEREAS, the Conservation, Planning, and Zoning (CPZ) Department has identified an opportunity to restructure the staffing of the zoning and regulatory programs within the department after recent resignations. The goal of restructuring CPZ will be to allocate responsibilities to the appropriate staff level and align responsibilities more closely with Marathon County goals. County Administration and the Employee Resources Department has deemed it prudent to recommend this restructure at this time; and

WHEREAS, County Administration and the Employee Resources proposes the following restructuring of CPZ:

- 1. Abolish 1.0 FTE Planning Analyst (Zoning Administrator), Pay Grade C42 and Create 1.0 FTE Zoning Specialist (Zoning/Land Use Specialist), Pay Grade B25
- 2. Abolish 1.0 FTE Planning Technician (Onsite Wastewater Technician), Pay Grade B23 and Create 1.0 FTE Zoning Specialist (POWTS / Land Use Specialist), Pay Grade B25; and

WHEREAS, this proposed restructuring was referred to the Human Resources, Finance and Property Committee for review, pursuant to §4.20 of the General Code of Ordinances for Marathon County. The proposal was also referred to the Environmental Resources Committee, pursuant to § 2.04(2)(e) of the General Code of Ordinances for Marathon County; and

WHEREAS, on January 4, 2022, the Environmental Resources Committee reviewed the proposed new structure and recommended its adoption; and

WHEREAS, on January 11, 2022, the Human Resources, Finance and Property Committee reviewed the proposed new structure and recommended its adoption; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Marathon does ordain the following and approves the implementation of the reorganization as follows:

- 1. Abolish 1.0 FTE Planning Analyst (Zoning Administrator), Pay Grade C42 and Create 1.0 FTE Zoning Specialist (Zoning/Land Use Specialist), Pay Grade B25
- 2. Abolish 1.0 FTE Planning Technician (Onsite Wastewater Technician), Pay Grade B23 and Create 1.0 FTE Zoning Specialist (POWTS / Land Use Specialist), Pay Grade B25

This reorganization shall be effective February 7, 2022, or the beginning of the first pay period following the approval of this resolution, whichever date occurs first.

DATED: January 25, 2022

| HUMAN | HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE | | | | | |
|---------------|---|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| - | · · · · · · · · · · · · · · · · · · · | | | | | |

ESTIMATED FISCAL IMPACT STATEMENT: At this time, the proposed restructure is budget neutral. The newly created positions do have new salary and benefit ranges; however, if payroll and benefit costs were to increase, CPZ's increase in fee revenues collected is anticipated to cover any additional costs.



DATE: January 6th, 2021

TO: Human Resources, Finance, & Property Committee

FROM: Lance Leonhard, County Administrator &

Laurie Miskimins, Director, Marathon County Conservation, Planning, & Zoning

SUBJECT: Zoning & Regulatory Program Staffing Restructure

The County Administrator and CPZ are requesting an immediate staff restructure of the Zoning & Regulatory Programs at CPZ. Figure 1 on page 2 illustrates the current structure. Figure 2 on page 3 illustrates the new structure. The number of positions remains at 8 (7 full-time, and 1 casual), however we are proposing changing some classifications and duties.

Operational Advantages of the Restructure

- The Zoning Administrator title and high-level responsibilities will live at the management level, specifically within the Land Resource Manager position.
 - o This responsibility is similar to duties held by other Managers at CPZ.
 - Predominate responsibility related to citations, ordinance updates, trainings, and Town engagement falls to the LRM and the Director.
 - Final discretion/decision on tough issues will be with the LRM, and the Director, as needed.
- Create a consistent senior position (Zoning Specialist) across all three sub-areas of the Zoning & Regulatory Programs (Zoning, Nonmetallic Mining and Private Onsite Wastewater Treatment Systems ((POWTS)).
 - Align job duties and expectations to be consistent and in line with that of a Zoning Specialist level position.
 - Zoning Specialists will maintain significant oversight over operational day-to-day functions, preparation of staff reports, and presentations to committees.
- Create advancement opportunities within POWTS.
 - The current structure does not allow POWTS technicians opportunities for advancement within the Marathon County POWTS program. We believe this is leading to higher rates of turnover in these positions.

Specific Classification Changes Envisioned through Restructure

- Zoning Analyst/Administrator classification reduced to Zoning Specialist (note Zoning Analyst/Administrator high-level duties are performed by the LRM position
- Reclass one (1) Onsite Waste Technician position to a Zoning Specialist (POWTS) position

Financial Impact of Restructure

The estimated budget impact is neutral. If payroll and benefit costs within this restructure were to increase at any point, CPZ's increases in fee revenues collected would be more than enough to cover these costs.

Why Now?

The new Director has had time to evaluate the structure and duties of the Zoning & Regulatory Programs. Ultimately there are certain duties the Zoning Analyst/Administrator has held that belong at a management level. Further, CPZ wants to ensure classifications and duty expectations are more in alignment across all three sub-areas of the Zoning & Regulatory programs. Recent vacancies within the Zoning & Regulatory Programs have provided us an opportunity to pursue this restructure to better align with Marathon County's needs. CPZ is requesting to move this restructure forward now to ensure that we have sufficient time to fill all our positions and to onboard and train staff for the 2022 construction season.

Request to the HRFC

Support of this request is respectfully requested so that a resolution may be forwarded to the County Board for approval.

Figure 1. Current Structure of Zoning & Regulatory Programs



^{*}The working title of the POWTS staff are "Onsite Wastewater Specialists," however their classification is Planning Technician.

Figure 2. Proposed New Structure of Zoning & Regulatory Programs

Red Text: Will reclass an Analyst to a Specialist

Green Text: 1) Will move Zoning Administrator duties to the LRM, and 2) Will reclass a Technician

to a Specialist



CPZ REORGANIZATION OF REGULATORY PROGRAM

NOTES: 1) LTE POSITION IS NOT INCLUDED IN THIS ANALYSIS; 2) SCENARIOS ASSUMES ALL STAFF TAKE FAMILY BENEFITS & ARE PAID AT THE SAME RANGE PENETRATION.

Current Staffing:

| 1.0 FTE | 2022 RATES | Minimum | Mid-Point | Maximum |
|---------------------------------|------------|-----------|-----------|-----------|
| DBM C52 | | \$65,702 | \$78,843 | \$94,742 |
| Health - Family | \$2,032.00 | \$24,384 | \$24,384 | \$24,384 |
| Dental - Family | \$65.86 | \$790 | \$790 | \$790 |
| FICA Retirement Rate | 6.20% | \$4,074 | \$4,888 | \$5,874 |
| FICA Medicare Rate | 1.45% | \$953 | \$1,143 | \$1,374 |
| Unemployment Insurance | 0.10% | \$66 | \$79 | \$95 |
| Retirement - Employer | 6.75% | \$4,435 | \$5,322 | \$6,395 |
| Worker's Comp - Municipal | 1.18% | \$775 | \$930 | \$1,118 |
| PEHP | \$21 | \$546 | \$546 | \$546 |
| Total Estimated Cost for 1 FTE: | | \$101,725 | \$116,925 | \$135,318 |

| 1.0 FTE | 2022 RATES | Minimum | Mid-Point | Maximum |
|---------------------------------|------------|----------|-----------|-----------|
| DBM C42 | | \$54,263 | \$65,116 | \$78,247 |
| Health - Family | \$2,032.00 | \$24,384 | \$24,384 | \$24,384 |
| Dental - Family | \$65.86 | \$790 | \$790 | \$790 |
| FICA Retirement Rate | 6.20% | \$3,364 | \$4,037 | \$4,851 |
| FICA Medicare Rate | 1.45% | \$787 | \$944 | \$1,135 |
| Unemployment Insurance | 0.10% | \$54 | \$65 | \$78 |
| Retirement - Employer | 6.75% | \$3,663 | \$4,395 | \$5,282 |
| Worker's Comp - Municipal | 1.18% | \$640 | \$768 | \$923 |
| PEHP | \$21 | \$546 | \$546 | \$546 |
| Total Estimated Cost for 1 FTE: | | \$88,491 | \$101,045 | \$116,236 |

| 1.0 FTE | 2022 RATES | Minimum | Mid-Point | Maximum |
|---------------------------------|------------|----------|-----------|-----------|
| DBM B25 | | \$48,408 | \$56,878 | \$67,311 |
| Health - Family | \$2,032.00 | \$24,384 | \$24,384 | \$24,384 |
| Dental - Family | \$65.86 | \$790 | \$790 | \$790 |
| FICA Retirement Rate | 6.20% | \$3,001 | \$3,526 | \$4,173 |
| FICA Medicare Rate | 1.45% | \$702 | \$825 | \$976 |
| Unemployment Insurance | 0.10% | \$48 | \$57 | \$67 |
| Retirement - Employer | 6.75% | \$3,268 | \$3,839 | \$4,543 |
| Worker's Comp - Municipal | 1.18% | \$571 | \$671 | \$794 |
| PEHP | \$21 | \$546 | \$546 | \$546 |
| Total Estimated Cost for 1 FTE: | | \$81,718 | \$91,516 | \$103,584 |

| 4.0 FTE | 2022 RATES | Minimum | Mid-Point | Maximum |
|----------------------------|------------|-----------|-----------|---------------------------|
| DBM B23 | | \$39,837 | \$46,809 | \$55,394 |
| Health - Family | \$2,032.00 | \$24,384 | \$24,384 | \$24,384 |
| Dental - Family | \$65.86 | \$790 | \$790 | \$790 |
| FICA Retirement Rate | 6.20% | \$2,470 | \$2,902 | \$3,434 |
| FICA Medicare Rate | 1.45% | \$578 | \$679 | \$803 |
| Unemployment Insurance | 0.10% | \$40 | \$47 | \$55 |
| Retirement - Employer | 6.75% | \$2,689 | \$3,160 | \$3,739 |
| Worker's Comp - Municipal | 1.18% | \$470 | \$552 | \$654 |
| PEHP | \$21 | \$546 | \$546 | \$546 |
| Total Estimated Cost for 1 | FTE: | \$71,804 | \$79,869 | \$89,799 |
| Cost of 4.0 FTE: | | \$287,216 | \$319,476 | \$359,196 |
| | | | | |
| Total Cost of 7 0 ETE's | | ĆEEQ 1EA | \$629.062 | \$71 <i>1</i> 22 <i>1</i> |

Proposed Staffing:

| 1.0 FTE | 2022 RATES | Minimum | Mid-Point | Maximum |
|--------------------------------|------------|-----------|-----------|-----------|
| DBM C52 | | \$65,702 | \$78,843 | \$94,742 |
| Health - Family | \$2,032.00 | \$24,384 | \$24,384 | \$24,384 |
| Dental - Family | \$65.86 | \$790 | \$790 | \$790 |
| FICA Retirement Rate | 6.20% | \$4,074 | \$4,888 | \$5,874 |
| FICA Medicare Rate | 1.45% | \$953 | \$1,143 | \$1,374 |
| Unemployment Insurance | 0.10% | \$66 | \$79 | \$95 |
| Retirement - Employer | 6.75% | \$4,435 | \$5,322 | \$6,395 |
| Worker's Comp - Municipal | 1.18% | \$775 | \$930 | \$1,118 |
| PEHP | \$21 | \$546 | \$546 | \$546 |
| Total Estimated Cost for 1 FTI | E: | \$101,725 | \$116,925 | \$135,318 |

C42 Currently Vacant - Would replace with a B25

| 3.0 FTE | 2022 RATES | Minimum | Mid-Point | Maximum |
|-----------------------------------|------------|-----------|-----------|-----------|
| DBM B25 | | \$48,408 | \$56,878 | \$67,311 |
| Health - Family | \$2,032.00 | \$24,384 | \$24,384 | \$24,384 |
| Dental - Family | \$65.86 | \$790 | \$790 | \$790 |
| FICA Retirement Rate | 6.20% | \$3,001 | \$3,526 | \$4,173 |
| FICA Medicare Rate | 1.45% | \$702 | \$825 | \$976 |
| Unemployment Insurance | 0.10% | \$48 | \$57 | \$67 |
| Retirement - Employer | 6.75% | \$3,268 | \$3,839 | \$4,543 |
| Worker's Comp - Municipal | 1.18% | \$571 | \$671 | \$794 |
| PEHP | \$21 | \$546 | \$546 | \$546 |
| Total Estimated Cost for 1 | FTE: | \$81,718 | \$91,516 | \$103,584 |
| Cost for 3.0 FTE's | | \$245,154 | \$274,548 | \$310,752 |

Currently Employee in B23 to be elevated to B25 in POWTS area

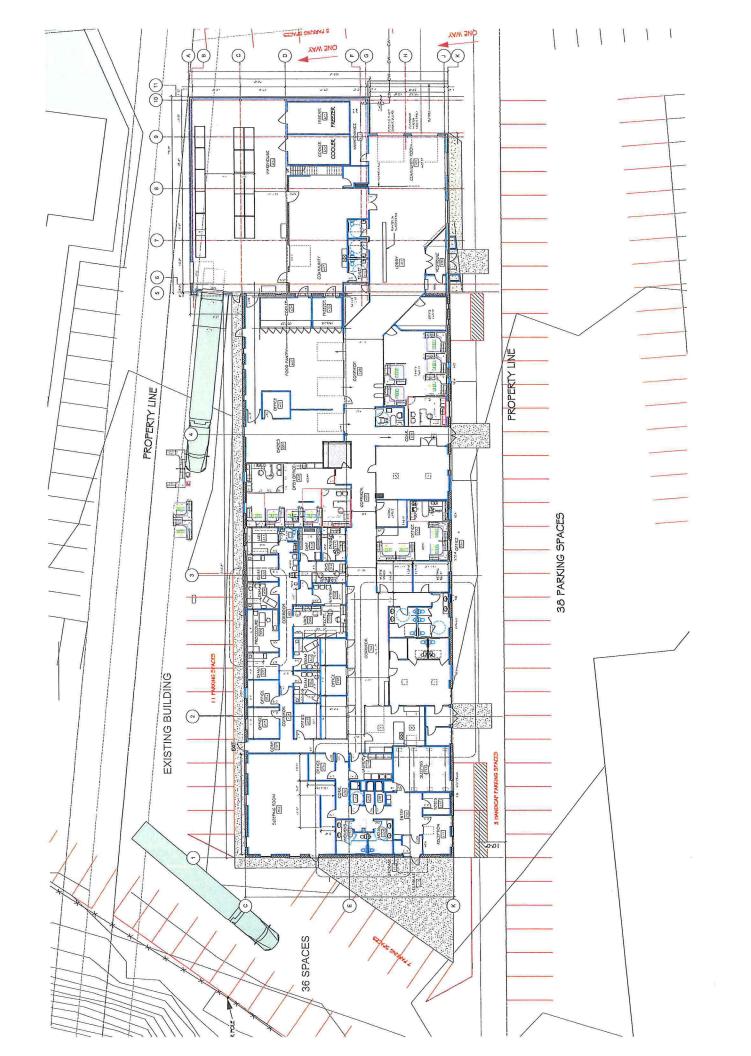
| 3.0 FTE | 2022 RATES | Minimum | Mid-Point | Maximum |
|-------------------------------|------------|-----------|-----------|-----------|
| DBM B23 | | \$39,837 | \$46,809 | \$55,394 |
| Health - Family | \$2,032.00 | \$24,384 | \$24,384 | \$24,384 |
| Dental - Family | \$65.86 | \$790 | \$790 | \$790 |
| FICA Retirement Rate | 6.20% | \$2,470 | \$2,902 | \$3,434 |
| FICA Medicare Rate | 1.45% | \$578 | \$679 | \$803 |
| Unemployment Insurance | 0.10% | \$40 | \$47 | \$55 |
| Retirement - Employer | 6.75% | \$2,689 | \$3,160 | \$3,739 |
| Worker's Comp - Municipal | 1.18% | \$470 | \$552 | \$654 |
| PEHP | \$21 | \$546 | \$546 | \$546 |
| Total Estimated Cost for 1 FT | E: | \$71,804 | \$79,869 | \$89,799 |
| Cost of 3.0 FTE: | | \$215,412 | \$239,607 | \$269,397 |

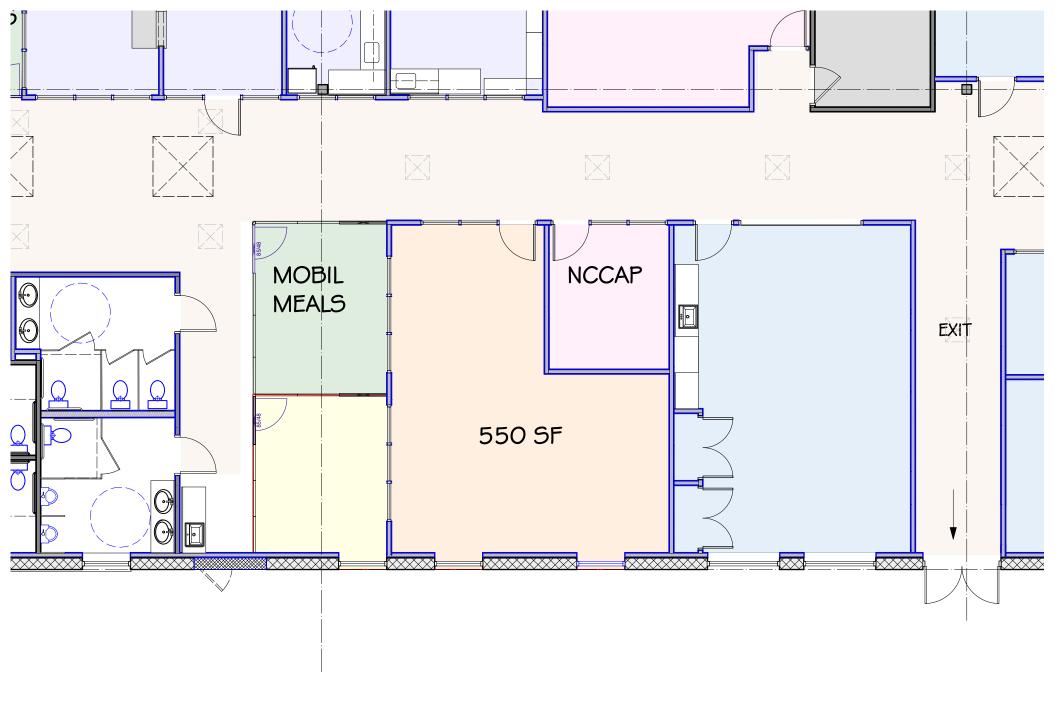
\$562,291 \$631,080

\$715,467

| Possible additional cost from proposed change: | \$3,141 | \$2,118 | \$1,133 |
|--|---------|---------|---------|

Total Cost of 7.0 FTE's

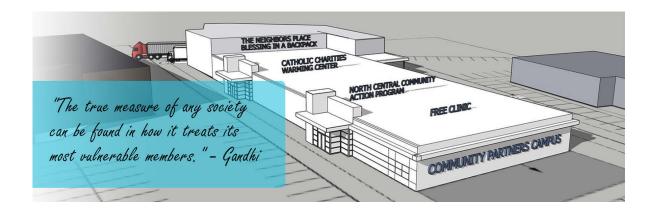








Donate Today!





Community Partners Campus (CPC) is a newly formed 501(c) (3) corporation whose sole purpose is to develop and operate a shared space nonprofit center. CPC intends to lease space and provide services to other tax-exempt organizations at below-market rates, thereby building a community in which

https://cpcwausau.org

charitable, educational, medical, and social services can be more efficiently administered to our local individuals and families in need.

Our vision includes the acquisition and buildout of a facility that allows CPC to house 8 – 15 nonprofit partners having a mission-driven purpose to serve disadvantaged families and individuals in a single location.

The goal of CPC is to support our community nonprofit partners' efforts by offering functional, collaborative, shared spaces facilities housing organizations having a mission-driven purpose that meets their client needs with an emphasis on food, clothing, shelter, medical, mental health, and social well-being. In addition to providing more services to more people, CPC allows its partners to focus efforts on their missions without the distractions of owning their building or renting a facility at market rates that don't truly meet their needs. CPC's shared-space nonprofit center will also benefit the entire community by reducing tax dollars spent within the medical, legal, law enforcement, and educational systems by providing these services to families and individuals in need all under one roof.



Support for this project was provided through the B.A. & Esther Greenheck Foundation

Home About Us Contact Us Join The Cause

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https://cpcwausau.org

Authorizing Participation in the Uniquely Wisconsin Tourism Campaign and Amending the 2022 Budget

WHEREAS, during the COVID-19 pandemic, tourism is an area that has been adversely affected as fewer people have traveled; and

WHEREAS, the Wisconsin Counties Association (WCA) has initiated a "Uniquely Wisconsin" tourism campaign in partnership with Discover Wisconsin to highlight interesting facts about Wisconsin to begin to attract tourists back to Wisconsin counties; and

WHEREAS, in addition to potential full-length Discover Wisconsin episodes, the campaign may include social media, television network commercials, podcasts, WCA publications, and more; and

WHEREAS, interested counties are being asked to participate with an investment of \$60,000 each, in anticipation that up to 20 counties will choose to participate, creating a \$1.2 million campaign; and

WHEREAS, prior to the pandemic, in 2019 Marathon County had tourism expenditures of \$258.1 million and Marathon County has historically ranked near the top 10 in total tourism expenditures for counties statewide; and

WHEREAS, the American Rescue Plan Act (ARPA) includes aid to the tourism industry as an allowable use of funds; and

WHEREAS, participating in this campaign would allow Marathon County to promote tourism at a lower cost than engaging with Discover Wisconsin in its own campaign, while partnering with other counties to maximize exposure and leverage a unique marketing opportunity while also supporting the overall growth of tourism spending within the State.

NOW, THEREFORE, BE IT RESOLVED, that the Marathon County Board of Supervisors authorizes the participation in the Uniquely Wisconsin tourism campaign at a commitment of no greater than \$60,000 using American Rescue Plan Act (ARPA) funding.

BE IT FURTHER RESOLVED, that the County Administrator is empowered to further engage the local Convention & Visitors Bureau to partner in the development of the campaign, including the potential sharing of participation expense.

BE IT FURTHER RESOLVED, that Board authorizes the amendment of the 2022 budget to provide the necessary funding for participation in the program.

FISCAL NOTE:

These payments will be funded by no more than \$60,000 from Marathon County's APRA allocation.

LEGAL NOTE:

The County Board is authorized to take this action pursuant to §§ 59.01 and 59.51, Wis. Stats. As an amendment to the adopted 2022 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to § 65.90(5)(a), Wis. Stats.



JOIN US IN HIGHLIGHTING WHAT MAKES OUR STATE SPECIAL



PROJECT DESCRIPTION

Wisconsin is rich with traditions, landmarks and gorgeous natural resources. We are asking Wisconsin counties to join together to highlight and promote the uniqueness of our state. This will be accomplished using video, audio, podcasts and social media. Your involvement includes highlighting what is unique about your county and region, doing so in a humorous and engaging way.

Marketing deliverables and campaign will depend on number of participating counties and locations

Example Banter Concepts:

Favorite area of Wisconsin?
What does "Up North" mean to you?
Which border is better, river or lake?
Brandy or Whiskey Old Fashioned?
Best fish for a fish fry?
Favorite winter activity?
Fishing opener or Deer opener?



Discover Wisconsin Original Shorts

- -Themed stories of Wisconsin within participating counties
- Original shorts released on social media, YouTube, and DW

Know Your Wisconsin

- Engaging and informative news stories found within our counites
- Shared across select Wisconsin TV news affiliates, DW social media, DW podcasts, and WCA publications

Discover Wisconsin Original **Production - Documentary**

- Full length professionally developed documentary inviting viewers to see what makes Wisconsin wonderful

Discover Wisconsin Social Media

- Millions of impressions, views and placement across all Discover Wisconsin social media channels (Facebook, Instagram, Twitter, etc.) in promotion of campaign

Discover Wisconsin Full Episodes

- Complete production and distribution of full Discover
- Wisconsin episodes during historic Season 35
 Episode released across DW Regional TV network, social media, YouTube, and DW app

Television Network Exposure

- Multiple: 30 second commercials every week of the Discover Wisconsin schedule across the Regional Television Network

"The Cabin" Podcast - Dedicated Podcasts

- Fun and hearty debates between hosts and county guests on topics selected for campaign

Passport to Adventure

- Invite our viewers and fans to explore our state with destination specific promotional giveaways/contests

Commitment Date: Nov 1, 2021

Step 1: Sign MOU

Step 2: Marketing campaign finalized with final list of participating counties (after Nov. 1st)

Step 3: Sign marketing agreement listing specific deliverables

Step 4: Creative meetings start (each county to fill out ranking list)

Step 5: Start pre-production and filming logistics (no later than Jan 15th)

Step 6: Start rollout of marketing campaign

For more information, please contact:

Mark O'Connell
Executive Director - WCA
o'connell@wicounties.org

Josh Schoemann County Executive - Washington County County.exec@washcowisco.gov



DISCOVER WISCONSIN MEDIA/PRODUCTION NETWORK AGREEMENT

| CLIENT INFORMATION | | | | | | | |
|---|-----------------------------|-------------------------|-------------|---------------------------|----------|--|--|
| Company Name Marathon County | | | | | | | |
| (Company Name as it should appear on invoice) | | | | | | | |
| Billing Address | 500 Forest St. | | | | | | |
| | (Street Address) (PC | | | f applicable) | | | |
| | Wausau | | WI | 54403 | | | |
| | (City) | | (State) | (Zip) | | | |
| Billing Contact | | | | | | | |
| | (Name) | Г | (Title) | | | | |
| | | | | | | | |
| | Phone # | Cell # | (Email Ac | dress) | | | |
| | PARTI | NERSHIP | COST | | | | |
| Total Investment | | | | | | | |
| | 2022: | \$60,000 | | | | | |
| | | Ψοσίσος | | | | | |
| Payment Terms | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Payment: | Within thirty days of si | gnature of marketi | ng agreem | ent, unless mutually agre | ed | | |
| | | | | | _ | | |
| | will be made in full to fis | scal agent, Wisconsi | n Counties | Association: | | | |
| | n Counties Association | | | | | | |
| | lin St. Unit 900 | | | | | | |
| Madison, | WI 53703 | | | | | | |
| *• | rice does not include sal | os tay (only if applica | hlo* | | | | |
| _ | fice does not include sar | es tax (only if applica | ibie) | | | | |
| | | | | | | | |
| PROPOSE | ED BY: | Α | CCEPTE | D BY: | | | |
| Discover | Mediaworks, Inc. | M | arathon | County | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | _ | | |
| Josh Oster | | | /larathon (| County Representative | | | |
| Content Ma | arketing & Business D | ev. | | | | | |
| Date: | | ח | ate: | | | | |
| | | | | | | | |
| | TOTAL COS | T S | | | \$60,000 | | |
| TIN | 1 E L I N E / D E A I | DLINE | | JANUARY 2022 – DECEM | BER 2022 | | |

PROJECT LANGAUGE

Uniquely Wisconsin

This Media Network/Production Agreement serves the interests of the Client (Marathon County), the goals of the campaign by defining the deliverable content of the campaign and productions as described below. Discover Mediaworks is the parent television production company that produces the Discover Wisconsin entertainment series. This agreement also defines the roles and responsibilities of both parties in achieving the goals of the campaign and productions.

- SERVICES AND DELIVERABLES: Discover Mediaworks shall provide all assets within project scope
 included in agreement. If Discover Mediaworks is unable to deliver any assets by the end of agreement,
 those assets will be deducted from the total cost of the partnership or Discover Mediaworks and Marathon
 County will work to find mutually agreeable replacement assets and timeline.
- 2. **CONTENT DEVELOPMENT AND APPROVALS:** The content and storyline of the production will be developed jointly between Discover Mediaworks and Marathon County. Furthermore, the production must be acceptable to Marathon County, who reserves the right to request slant, style, edits, revisions, or additions to the production per the terms of this agreement during the development and pre-production process, and up to two (2) revisions during post-production/editing process.
 - a) <u>Creative Video Sign-off:</u> Creative outline and direction approval by Marathon County must be completed prior to Discover Mediaworks production. Final script and approved edits by Marathon County must be completed prior to video distribution.
 - b) <u>Creative Non-Video Sign-off:</u> Graphics, copy, social posts, and editorials must be approved by Marathon County prior to Discover Mediaworks (Discover Wisconsin) distribution.
- 3. **PROJECT REVIEW:** Discover Mediaworks will provide Marathon County review (impressions, engagements, etc.) updates a minimum of one (1) time throughout project year.
- 4. **COMPLIANCE:** Discover Mediaworks will comply with all federal, state and local laws, regulations, ordinances, guidelines, permits and requirements applicable to providing services pursuant to this Agreement, and will be solely responsible for obtaining current information on such requirements.
- 5. **FORCE MAJEURE:** Neither party shall be liable for any failure or delay in performing its obligations under this Agreement if and to the extent that such failure or delay is caused by a Force Majeure event. A Force Majeure event means, in relation to either party, any event or circumstance beyond the reasonable control of that party including act of God, fire, explosion, flood, epidemic, pandemic, power failure, war or threat of war, acts of terrorism, national emergency, riot, civil disturbance, sabotage, labor disputes. A party affected by the Force Majeure (the "Affected Party") shall immediately notify the other party ("Non-Affected Party") in writing of the event, giving sufficient details thereof and the likely duration of the delay. The Affected Party shall use all commercially reasonable efforts to recommence performance of its obligations under this Agreement as soon as reasonably possible.

Marathon County Receives:

Broadcast Component

PRODUCTION

Discover Wisconsin Television Special – Uniquely Wisconsin

- Professionally produced twenty-six (26) minute commercial free special episode/documentary
 - Marathon County to receive one (1) approximately four (4) five (5) minute portion of a Discover Wisconsin production for Uniquely Wisconsin special episode/documentary
- Production to take place in 2022
- Pre-production & post-production included

AIRTIME

Discover Wisconsin Television Special – Uniquely Wisconsin

- Special Episode/Documentary will air one (1) time on Discover Wisconsin Regional Television Network
- Placement on Discover Wisconsin streaming platforms and social media
 - Placement of series on Discover Wisconsin's App for up to five (5) years
 - App available on multiple streaming platforms (subject to change)
 - Videos will be broadcast and delivered on any new platforms developed within five
 (5) year window
 - Five (5) year window begins upon placement on streaming platforms and social media, no later than December 31st, 2022
 - Placement of series on Discover Wisconsin's YouTube channel for foreseeable future
 - Placement of series on Discover Wisconsin's Facebook page for foreseeable future

PRODUCTION

Broadcast Commercial:

- One (1) Professionally produced :30 Television commercial for Marathon County
 - :05-:10 seconds of each commercial will carry the Uniquely Wisconsin theme and messaging
 - :20-:25 seconds of each commercial will carry Marathon County specific messaging
 - Commercials to be edited from footage acquired during special episode/documentary and docuseries film production

AIRTIME

Broadcast Commercial:

 One (1):30 commercial airing during three (3) select Discover Wisconsin episodes on Discover Wisconsin Regional Television Network

Marathon County Receives:

Docuseries Component

PRODUCTION

Docuseries Original Shorts:

- Three (3) fifteen (15) eighteen (18) docuseries themed shorts
 - Marathon County to receive one (1) approximately four (4) five (5) minute portion of each
 of the three (3) Discover Wisconsin produced Uniquely Wisconsin Docuseries Original
 Shorts
- Production to take place in 2022
- Pre-production & post-production included

RELEASE

Docuseries Original Shorts:

- Placement on Discover Wisconsin streaming platforms and social media
 - o Placement of series on Discover Wisconsin's App for up to five (5) years
 - App available on multiple streaming platforms (subject to change)
 - Videos will be broadcast and delivered on any new platforms developed within five
 (5) year window
 - Five (5) year window begins upon placement on streaming platforms and social media, no later than December 31st, 2022
 - Placement of series on Discover Wisconsin's YouTube channel for foreseeable future
 - Placement of series on Discover Wisconsin's Facebook page for foreseeable future

MARKETING

Docuseries Original Shorts:

- Three (3) "The Bobber" editorial blogs
 - Blog content to be shared with participating counties to match each of the three (3)
 Docuseries concepts
- Three (3) e-newsletters promotion (features or mentions)
- Promotion of series on all Discover Wisconsin social media and digital platforms
 - Discover Wisconsin Facebook, Instagram, Twitter, YouTube, TikTok

Marathon County Receives:

Social Media Component

PRODUCTION

Social Media Banter Videos:

- Marathon County to receive three (3):60 second videos used for social media pages
 - Banter videos to be filmed specifically for themed question during special episode/documentary and docuseries film production

RELEASE

Docuseries Original Shorts:

- Each banter video to be posted at least one (1) time across Discover Wisconsin social media and digital platforms
 - o 50,000 guaranteed impressions per video post

Podcast Component

PRODUCTION

The Cabin Podcast:

- Marathon County to receive one (1) approximately thirty (30) minute (minimum) dedicated podcast to highlight the uniqueness of Marathon County
 - Podcast will include Uniquely Wisconsin messaging to start podcast
- Marathon County to receive one (1) three (3) five (5) minute interview for a key Marathon County representative during podcast episode

RELEASE/MARKETING

The Cabin Podcast:

- Podcast episode released to all podcast platforms (Apple Podcasts, Spotify, Simplecast, etc.)
- Podcast episode includes a social media post across Discover Wisconsin social media platforms
- One (1) blog editorial included for Marathon County's episode

Digital Component

MARKETING

Marathon County VIP Package:

- Marathon County to receive a sign-up to win contest/giveaway for a VIP trip to explore Marathon County
- Contest/giveaway to be promoted on Discover Wisconsin social media
- Contest/giveaway items to be supplied by County
- Landing page for each contest to be built and hosted by Discover Wisconsin
 - Sign-up information has possibility to be shared with Marathon County for marketing purposes
 - o Discover Mediaworks will work with Marathon County for County specific opt-in questions

Marathon County Receives:

Shared Media

Video:

 Each video will be shared with client via a unique URL to embed each video story on their website(s) and/or social media

Non-compete

- It is further understood that Discover Wisconsin is a registered trademark of Discover Mediaworks, any video, electronic or audio reproduction, alteration or rebroadcast of these episodes or any portion thereof, as produced by Discover Wisconsin, without the express written approval of Discover Mediaworks, is strictly prohibited
- Broadcast components are subject to pre-emption and other acts, circumstances or occurrences which are beyond the control of Discover Mediaworks



Marathon County, Wisconsin

PROPOSED FINANCING TIMELINE

General Obligation Bonds/Notes, Series 2022A General Obligation Bonds, Series 2022B

| | March | | | | | | |
|----|-------|----|----|----|----|----|--|
| S | M | Т | W | Т | F | S | |
| | | 1 | 2 | 3 | 4 | 5 | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| 27 | 28 | 29 | 30 | 31 | | | |
| | | | | | | | |

| April | | | | | | | |
|-------|----|----|----|----|----|----|--|
| S | М | Т | W | Т | F | S | |
| | | | | | 1 | 2 | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | |
| | | | | | | | |

| | May | | | | | | |
|----|-----|----|----|----|----|----|--|
| S | М | Т | W | Т | F | S | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| | 23 | | 25 | 26 | 27 | 28 | |
| 29 | 30 | 31 | | | | | |
| | | | | | | | |

| June | | | | | | |
|------|----|----|----|----|----|----|
| S | М | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |
| | | | | | | |

| <u>DATE</u> | ✓ <u>ACTION REQUIRED</u> | RESPONSIBLE <u>PARTY</u> |
|----------------------------|---|-----------------------------|
| Monday, March 14, 2022 | Distribution of Sale Memo | FA |
| Monday, March 14, 2022 | Start drafting the preliminary official statement (POS) | FA |
| Friday, March 25, 2022 | Distribution of 1st Draft of Preliminary Official Statement (POS) | FA |
| Week of April 18th | HRFC Committee Meeting: 2022A Notes - Reimbursement/Initial/Set Sale Resolutions, 2022B Bonds - Set Sale Resolution | С |
| Tuesday, April 26, 2022 | County Board Meeting: 2022A Bonds/Notes - Reimbursement/Initial/Set Sale Resolutions, 2022B Bonds - Set Sale Resolution | С |
| Week of April 11th or 18th | Rating Call with Moody's | RA/C/FA |
| Week of April 18th or 25th | Due Diligence Call with Quarles & Brady | C/DC/FA |
| Friday, May 6, 2022 | Bond rating released | RA |
| Friday, May 6, 2022 | Finalize Preliminary Official Statement | C/FA/BC/DC |
| By Tuesday, May 10th | Post Preliminary Official Statement and Notices of Sale | FA |
| Week of May 9th | HRFC Committee Meeting: Draft Award Resolutions | С |
| Tuesday, May 17, 2022 | HRFC Committee Meeting: Award Resolutions | С |
| Tuesday, May 17, 2022 | Bond Sale - PFM Takes Bids at 10:00AM | FA/BC |
| Tuesday, May 17, 2022 | County Board Meeting: Adoption of Award Resolutions (7:00PM) | С |
| Friday, May 20, 2022 | Distribution of draft Final Official Statement | FA |
| Tuesday, May 24, 2022 | Post Final Official Statement | FA/UW |
| Wednesday, June 1, 2022 | Draft closing memo distributed | FA |
| Monday, June 6, 2022 | Final closing memo distributed | FA |
| Wednesday, June 8, 2022 | Closing - funds wired for 2021A Notes and 2021B Bonds to the County | All parties |

Legend:

BC = (Bond Counsel) Quarles & Brady

DC = (Disclosure Counsel) Quarles & Brady

C = (Issuer) Marathon County

RA = (Rating Agency) Moody's Investors Service FA = (Financial Advisor) PFM Financial Advisors LLC

U/W = (Underwriters) To Be Determined