



Joseph R. Herendeen, PS - Indiana

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- RULE 12 SURVEY PROPOSAL -

August 5, 2026

CLIENT(S)/OWNER(S): Barbara A. Spahr Trust c/o Andy Eckert – Ness Bros.
260-224-9058 / andyeckert@nessbros.com
SITE DESCRIPTION: Part of the NE ¼, Section 17, T26N, R10E, Huntington County
PROPERTY ADDRESS: South 200 East, Warren, IN 46792
Tracts 3 & 4 – Create 2 new parcels
REQUESTED SERVICES: IAC 865 Rule 12 Boundary Survey & Surveyor's Report
ESTIMATED DUE DATE: **35 calendar days** from signed authorization to proceed
(excludes holidays / weather and site conditions permitting)

COST OF SERVICES: To perform the Rule 12 Survey, the proposed fee for service is **\$2,150.00**. This estimate is limited to just the requested services specified in this proposal. Any survey upgrades and/or additional services (such as additional staking, meetings, displays, legals) will be assessed and added to the proposed cost of services.

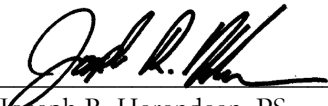
ITEMS TO BE PROVIDED BY THE CLIENT:

By signing, you are granting the Sauer Land Surveying, Inc. (**SLSI**) field crew permission to enter the property. Provide notice of any access restrictions, such as times the property is accessible, contacts to be made prior to entry, and express notice of any potential hazards that may exist on the property.

PAYMENT TERMS:

Payment must be paid-in-full 30 days from invoice date (not when the sale closes) and, at **SLSI**'s discretion, services may be suspended until the account is paid. Late fees will be applied to past-due invoices. In the event the project is terminated for any reason, **SLSI** will determine the percentage of work completed and will invoice accordingly with that amount due immediately.

Please sign and provide all contact information requested in the box below before returning this document to complete the agreement and authorize **SLSI** to proceed. Please contact surveyor Joseph R. Herendeen if you have any questions. This proposal may be withdrawn if not accepted within 30 days.



Joseph R. Herendeen, PS

8/5/2026

Date

AUTHORIZATION TO PROCEED and ACCEPTANCE OF TERMS:

Signature

Date

Printed Name

Billing Address

Telephone Number(s)

City, State, Zip

Fax Number(s)

Name of Contact Person (if different from above)

Email Address(es)