

RESOLUTION ACCEPTING DONATIONS

Resolution #20-13

WHEREAS, Baldwin Township is authorized to accept and maintain donations of real and personal property pursuant to Minnesota Statutes Section 465.03 for the benefit of its citizens; and

WHEREAS, The following persons and entities have offered to contribute the donations set forth below to the township:

<u>Name of Donor</u>	<u>Donations</u>
1. North Memorial Heath Care	2010 Chevrolet Van VIN # 1GB6G2BG7A1115190

WHEREAS, the terms or conditions of the donations, if any, are as follows:

<u>Donation Number</u>	<u>Terms or Conditions</u>
------------------------	----------------------------

WHEREAS, All such donations have been contributed to the township for the benefit of its citizens, as allowed by law; and

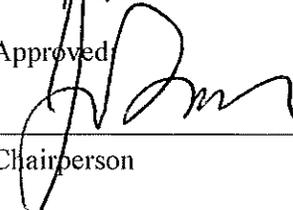
WHEREAS, The Township Board finds that it is appropriate to accept the donations offered.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN BOARD OF Baldwin TOWNSHIP, Sherburne COUNTY, MINNESOTA, AS FOLLOWS:

1. The donations described above are accepted and shall be used in accordance with noted terms or conditions either alone or in cooperation with others, as allowed by law.
2. The town clerk is hereby directed to acknowledge to each donor the town's acceptance of the donor's donation.

Adopted by the Town Board of Baldwin Township on 9/4/2020

Approved

  
Chairperson

Attested:

Cathy Stevens  
Clerk

# WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number <b>1GB6G2BG7A1115190</b>	Year 2010	Make CHEVROLET			
Title Number 10088W4008-4	Issue Date 03/29/2010	Chassis Type TRUK	Odometer Reading <b>450</b>	Odometer Status <b>ACTUAL</b>	Odometer Date 03/29/2010
Product Number 83544100881	Body Style VAN	Color WHITE/BLUE	Fleet No.		

**Titled Owner(s)**  
 NORTH MEMORIAL HEALTH CARE  
 26543 MUSKEY AVE N / PO BOX: 600  
 WEBSTER, WI 54893-0600

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

**Lien Holder(s)**  
 NONE

**Additional Vehicle Detail**  
 PREVIOUSLY TITLED IN: MN

**SELLER:** When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

**PURCHASER:** Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



**MAIL ADDRESS:**  
 Wisconsin Department of Transportation  
 P.O. Box 7949, Madison, WI 53707-7949

**QUESTIONS**  
 Contact the Division of Motor Vehicles at  
 414-266-1000, 608-266-7467  
 www.dot.wisconsin.gov

8-1-8 704 750  
T055 5/2004

**KEEP IN SAFE PLACE**

**DO NOT KEEP IN VEHICLE**

This document void without watermark - Hold to light to view

Any alteration, correction, fluid, or erasure voids this title