SCTP No.: 3-35 12.00 2.00 p/o

Prepared by: Mitchell's Corner LLC c/o Morris James LLP 107 W. Market Street Georgetown, DE 19947

Return to:

State of Delaware Department of Transportation Real Estate Section 800 Bay Road, Box 778 Dover, Delaware 19903

TEMPORARY EASEMENT AGREEMENT

WHEREAS, the GRANTOR is the legal and equitable owner of all that certain tract, piece, or parcel of real property, consisting of 36.75± Acres, situated on the northwesterly line of Kings Highway (SCR 268), and being located in Lewes and Rehoboth Hundred, Sussex County and the State of Delaware, as more particularly described in that certain Deed of record in the Office of the Recorder of Deeds in and for Sussex County, Georgetown, Delaware, in Deed Book 5364, Page 95 (hereinafter referred to as the "Property"); and

WHEREAS, the GRANTEE is desirous of obtaining a temporary easement over, under, and across part of the Property described hereinafter.

NOW THEREFORE for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the GRANTOR does by these presents, grant, bargain, sell, convey, and confirm unto the GRANTEE and/or its successors and assigns, a Temporary Easement and right-of-way, for the purpose of constructing a shared use path and other transportation and infrastructure related improvements in connection with the road improvements to be made to Kings Highway (SCR 268), in, over or across said lands and premises, being more particularly described as follows:

BEING all that strip or piece of land, hereinafter described, situate, lying and being on the northwesterly side of, but not adjacent to, Kings Highway (SCR 268) and the northerly side of Clay Road (SCR 269), and being located in the Lewes & Rehoboth Hundred, Sussex County, Delaware; said strip or piece of land being a 10 foot wide Temporary Construction Easement as shown on an exhibit titled "Kings Highway (SCR 268), Mitchell's Corner, Easement Exhibit" prepared by Davis, Bowen & Friedel, Inc., dated December, 2023; attached hereto as Exhibit A, said strip or piece of land being more particularly described as follows:

BEGINNING at a point formed by the intersection of the northwesterly line of a 16' Wide Permanent Easement with the northerly right-of-way line of said Clay Road, thence,

- 1) running by and with said Clay Road, South 56 degrees 24 minutes 47 seconds West 16.40 feet to a point, thence,
- 2) leaving said Clay Road and running through the lands of, now or formerly, Sussex County, The Board of Public Works of the City of Lewes, and the City of Lewes, as recorded in the Office of the Recorder of Deeds in and for Sussex County and the State of Delaware in Deed Book 5364, Page 95, the following three courses and distances, by and with the arc of a curve deflecting to the right having an arc length of 198.10 feet, a radius of 4,353.18 feet and a chord bearing and distance of North 20 degrees 04 minutes 19 seconds East 198.09 feet to a point, thence running,
- 3) North 21 degrees 22 minutes 32 seconds East 265.98 feet to a point, thence running,
- 4) North 21 degrees 27 minutes 38 seconds East 9.80 feet to a point on the southwesterly line of the lands of, now or formerly, City of Lewes, as recorded in said Office of the Recorder of Deeds in Deed Book 447, Page 58, thence,
- 5) running by and with said City of Lewes lands, South 47 degrees 55 minutes 06 seconds East 10.68 feet to a point on the aforesaid northwesterly line of a 16' Wide Permanent Easement, thence,
- 5) leaving said City of Lewes lands and running through said Sussex County lands, and also running by and with said northwesterly line of a 16' Wide Permanent Easement, the following three courses and distances, South 21 degrees 27 minutes 38 seconds West 6.03 feet to a point, thence running,
- 6) South 21 degrees 22 minutes 32 seconds West 265.97 feet to a point, thence running,
- 7) by and with the arc of a curve deflecting to the left having an arc length of 184.66 feet, a radius of 4,343.18 feet and a chord bearing and distance of South 20 degrees 09 minutes 27 seconds West 184.64 feet to the point and place of beginning;

CONTAINING 4,653 square feet of land, more or less.

The Grantee shall perform all work at its expense in a workmanlike and professional manner that minimizes disruption to the Grantor's use of the Property. Grantee, their agents, contractor, or assigns shall restore the subject area to the condition which existed prior to Grantee's entry and shall not damage or harm the remainder of the Property.

DELDOT is protected from liability pursuant to 18 <u>Del. C.</u> §65 and other statutory and constitutional provisions; this protection is referred to as "sovereign immunity." As a result of this sovereign immunity, DELDOT is not permitted to indemnify, defend or hold harmless any parties including property owners. However, MITCHELL'S CORNER LLC and any other DELDOT contractor (collectively "<u>Contractor</u>") are required to preserve the Property from damages caused by the execution or non-execution of the work done on the Property, and to restore the Property at Contractor's expense. In addition, Contractor is required to indemnify and save harmless DELDOT and its officers and employees from any and all claims, demands and causes of action of every kind and character on account of the negligence or intentional misconduct of that Contractor's employees or agents; including but not limited to responsibility of the Contractor to provide for the protection and safety of all persons and property.

The duration of the Agreement is expected to be two (2) years, which time period shall begin upon the sooner of August 1, 2024 or the date when Contractor starts construction on Kings Highway (SCR 268) and shall end upon DELDOT'S acceptance of the infrastructure improvements, GRANTEE shall have the right to terminate or extend the Agreement due to project construction delay or cancellation.

This Agreement is binding upon and shall inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors or assigns.

BEING over and through a portion of the same lands conveyed to Sussex County, a political subdivision of the State of Delaware, The Board of Public Works of the City of Lewes, and City of Lewes, a municipal corporation of the State of Delaware, by deed of J.G. Townsend, Jr. & Co., dated November 30, 2020 and recorded December 3, 2020 in the Office of the Recorder of Deeds in and for Sussex County, Georgetown, Delaware in Deed Book 5364, Page 95.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the said Sussex County, a political subdivision of the State of Delaware has caused its name to be hereunto set under seal, on the day and year aforesaid.

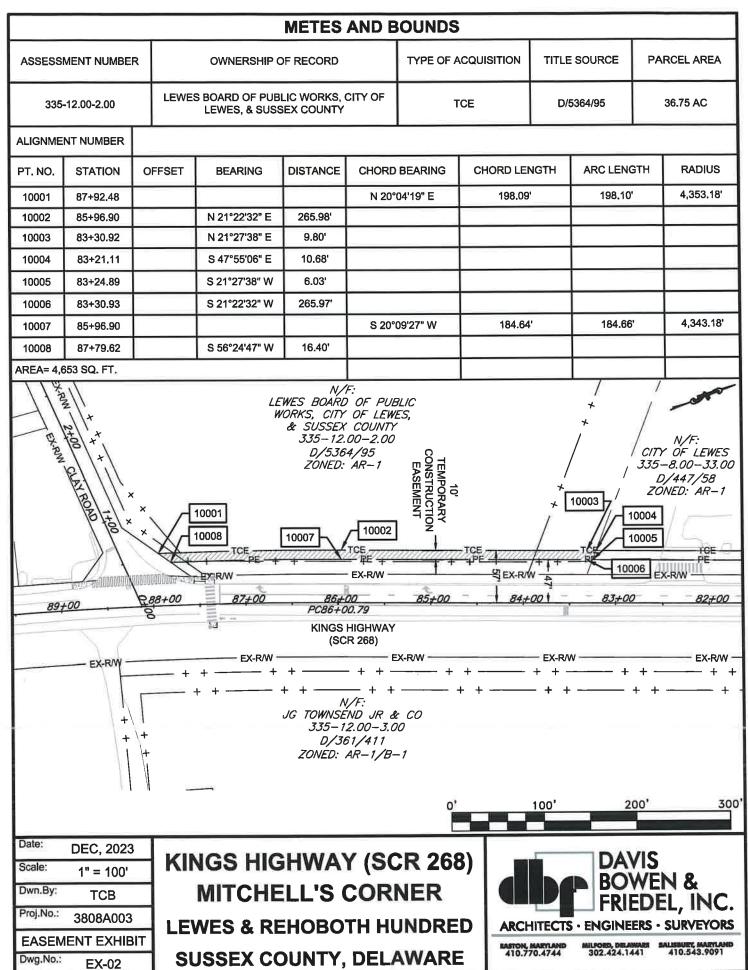
Signed, sealed, and delivered	GRANTOR:	GRANTOR:			
in the presence of:	SUSSEX COUNTY, State of Delaware	, a political subdivision of the			
	By: Michael H. V	(SEAL) //incent, President			
STATE OF DELAWARE	:				
COUNTY OF SUSSEX	: ss. :				
me, the subscriber, a Notary Public Michael H. Vincent, the President of Delaware, party of this instrum foregoing instrument to be his act the signature of the President is sealing, acknowledging and delive of the Council of Sussex County.	e in and for the State and County of Sussex County Council, a pent, known to me personally to and deed, and the act and deed on his own property handwriting.	be such, and acknowledged the of said political subdivision; that ng; and that the act of signing, est duly authorized by resolution			
	NOTARY PUBLIC				
	Name Typewritten o My Commission Exp				

IN WITNESS WHEREOF, the said City of Lewes, a municipal corporation of the State of Delaware has caused its name to be hereunto set under seal, on the day and year aforesaid.

	GRANTOR:
	CITY OF LEWES, a municipal corporation of the State of Delaware
	By:(SEAL) Andrew Williams, Mayor
	Attest: Timothy A. Ritzert, Secretary
STATE OF DELAWARE : : s COUNTY OF SUSSEX :	ss.
me, the subscriber, a Notary Public in an Andrew Williams, the Mayor of the ODelaware, party of this instrument, know foregoing instrument to be his act and other the signature of the Mayor is in his	n this, 2024, before and for the State and County aforesaid, personally appeared City of Lewes, a municipal corporation of the State of the S
GIVEN under my hand and seal	, the day and year aforesaid.
	NOTARY PUBLIC
	Name Typewritten or Printed My Commission Expires:

IN WITNESS WHEREOF, the said Board of Public Works for the City of Lewes, a chartered utility of the State of Delaware has caused its name to be hereunto set under seal, on the day and year aforesaid.

	GRANTOR:	
	BOARD OF PUBLIC WORKS OF THE CL LEWES, a chartered utilities board of the St of Delaware	
	By: Thomas S. Panetta, President	(SEAL)
	Attest: D. Preston Lee, Secretary	
STATE OF DELAWARE	:	
COUNTY OF SUSSEX	: ss. :	
me, the subscriber, a Notary Publi Thomas S. Panetta, Present of the board of the State of Delaware, p acknowledged the foregoing instr that the signature of the President	that on this day of, 2024 ic in and for the State and County aforesaid, personally a Board of Public Works of the City of Lewes, a chartered earty of this instrument, known to me personally to be strument to be his act and deed, and the act and deed of sait is in his own property handwriting; and that the act of the reing the said instrument was first duly authorized by relativity.	appeared d utilities such, and id board; signing,
GIVEN under my hand an	nd seal, the day and year aforesaid.	
	NOTARY PUBLIC	
	Name Typewritten or Printed My Commission Expires:	





AFFIDAVIT FOR REALTY TRANSFER TAX ON UNINCORPORATED AREAS IN SUSSEX COUNTY PURSUANT TO CHAPTER 103 OF THE SUSSEX COUNTY CODE

NOTE: Affidavit is required on all transactions (incorporated or unincorporated areas)

NAME ADDRESS CITY STATE	SUSSEX COUNTY, CIT P.O. BOX 430 GEORGETOWN DE	By GRANTOR/SELLER Y OF LEWES AND LEWES BPW ZIP 19947 BY GRANTEE/BUYER	SOCIAL SECURITY # or EMPLOYER I.D. #	
NAME ADDRESS CITY STATE	DEPARTMENT OF TRA 800 BAY ROAD, BOX 7 DOVER DE	ANSPORTATION (DELDOT) 78 ZIP 19901	SOCIAL SECURITY # or EMPLOYER I.D. #	
Part C — F District 3-3	PROPERTY LOCATI	ON Map 12.00	Parcel 2.00 ((part of)
1. CONVENTER OF STATE	Highest Assessed Value Greater, Line 1 of the Greater of the 1 of	ONSIDERATION wed UT CONSIDERATION thue For Local Tax Purposes or Line 2 — Tax Due and Payable	ransfer tax, explain the basis for Code §103-18.11	\$ 0.00 \$ \$ \$ or the exemption:
Sworn an	Home Buyer? Ye	re me on, 20	attach First Time Home Buye	r Affidavit)
Notary Pu	ıblic			

OFFICE USE ONLY:



DELAWARE RTT-TAX



Government Agency

REALTY TRANSFER TAX RETURN AND AFFIDAVIT OF GAIN AND VALUE Formerly 5402

Form RTT-TAX must be completed for all conveyances and must be presented at the time of recording. PART B - TO BE COMPLETED BY GRANTEE / BUYER(S) PART A - TO BE COMPLETED BY GRANTOR / SELLER(S) TAXPAYER ID NO. TAXPAYER ID NO. **DEPARTMENT OF TRANSPORTATION** NAME OF GRANTEE NAME OF GRANTOR CITY OF LEWES **ADDRESS** 800 BAY ROAD, BOX 778 P.O. BOX 430 **ADDRESS ADDRESS 2 ADDRESS 2 GEORGETOWN DOVER** CITY CITY 19901 DE ZIP 19947 STATE STATE DE ZIP THE GRANTEE / BUYER(S) IS A THE GRANTOR / SELLER(S) IS A Partnership Individual Partnership Individual Fiduciary (estate or trust) Corporation Corporation Fiduciary (estate or trust) S Corporation Government Agency 5 Corporation Government Agency LLC LLC TAXPAYER ID NO. TAXPAYER ID NO. NAME OF GRANTEE MITCHELL'S CORNER LLC SUSSEX COUNTY NAME OF GRANTOR 4750 OWINGS MILLS BLVD. **ADDRESS** 2 THE CIRCLE **ADDRESS** ADDRESS 2 **ADDRESS 2 OWINGS MILLS GEORGETOWN** CITY CITY 20117 MD ZIP DE ZIP 19947 STATE STATE THE GRANTEE / BUYER(S) IS A THE GRANTOR / SELLER(S) IS A Partnership Partnership Individual Individual Corporation Fiduciary (estate or trust) Fiduciary (estate or trust) Corporation Government Agency S Corporation S Corporation Government Agency LLC LLC TAXPAYER ID NO. TAXPAYER ID NO. NAME OF GRANTOR THE BOARD OF PUBLIC WORKS LEW NAME OF GRANTEE **ADDRESS** 107 FRANKLIN AVE **ADDRESS** ADDRESS 2 **ADDRESS 2 LEWES** CITY CITY ZIP ZIP 19958 STATE STATE DE THE GRANTEE / BUYER(S) IS A THE GRANTOR / SELLER(S) IS A Partnership Individual Individual Partnership Fiduciary (estate or trust) Corporation Corporation Fiduciary (estate or trust) S Corporation Government Agency S Corporation Government Agency LLC LLC TAXPAYER ID NO. TAXPAYER ID NO. NAME OF GRANTEE NAME OF GRANTOR **ADDRESS ADDRESS ADDRESS 2 ADDRESS 2** CITY CITY ZIP STATE ZIP STATE THE GRANTEE / BUYER(S) IS A THE GRANTOR / SELLER(S) IS A Partnership Partnership Individual Individual Fiduciary (estate or trust) Corporation Fiduciary (estate or trust) Corporation

5 Corporation

LLC

S Corporation

LLC

Government Agency



DELAWARE RT DIVISION OF REVENUE REALTY TRANSFER TAX RETURN AND AFFIDAVIT OF GAIN AND VALUE Formerly 5402 M



PART C - PRO	PERTY LOCATION AND	COMPUTATION OF THE	TAX		-			
1. ADDRESS	The state of the s	.00; Temporary Cons		t				
CITY	Lewes			STATE	DE	ZIP	19	958
COUNTY	Sussex		DATE O	REAL EST	ATE CON	VEYANCE		
If this is a tran	sfer of an interest in rea entity, check this box an	l estate through a transfer d enter the name and EIN	of an ownership of the entity here:	Nam EIN	e			
2. Enter the liens, enc	amount of consideration	n received induding cash, ner good and valuable con	checks, mortgages, sideration		S			
	, , , , , , , , , , , , , , , , , , , ,		Was like kind pro	perly exchai	nged?	Yes No	(If Yes, se	e instructions.)
3. Enter the	Highest assessed value	(for local tax purposes) o			= \$			
	Greater of Line 2 or Lin				一声 \$			
		due to the State, county,	and/or municipality					4.0 %
		to the county or municipa						%
		ecuted prior to 8/1/17 (see			- 0			%
		he State of Delaware (Sub		om Line 5)	n.			4.0000 %
		fore Credits. Multiply Line			mis	5		0.00
10. % of resp			Grantor / Seller(5)	50	Grantee / E	Buyer(s)	50
	Due by (Multiply Line 1	0 by Line 9)	Grantor / Seller(s) \$	0.0	00 Grantee / E	Buyer(s) 5	0.00
12. Exclusion			Grantor / Seller(5) \$		Grantee / F	Buyer(s) 💲	
13. Total Am	ount Due by (Subtract	Line 12 from Line 11)	Grantor / Seller(5) \$	0.0	00 Grantee / E	Buyer(s) 💲	0.00
					TOTAL PA	AYMENT 5		
federal income	tax forms, including the d real estate to which ti	venue or such other appr e Seller(s) attached schedu tle is purported to be cont luring which there was dis	les or other attachmi veved by the deed or	ents, and ar instrument	being rec	elated papers file	ed by such sei	ier which relate
SELLER SIGNA	TURE	SELLER SIGNATURE	□ SEI	LER SIGNATU	RE	<u> </u>	SELLER SIGNATU	RE
TITLE OF OFFI	CER / PARTNER	TITLE OF OFFICER / PARTI	NER TIT	LE OF OFFICER	R / PARTNER	Y	TITLE OF OFFICER	R / PARTNER
Sworn to and s	ubscribed before me o	n	,20					
NOTARY SIGN	ATURE							

DF42721029999V1



DIVISION OF REVENUE



REAL ESTATE TAX RETURN DECLARATION OF ESTIMATED INCOME TAX Formerly 5403

Form REW-EST must be completed for all conveyances, and must be presented at the time of recording. ADDRESS OF THE PROPERTY **DESCRIPTION OF THE PROPERTY**

	TEMPORARY	CONSTRUCTI	ON EASEMENT	ADDRESS	VIIA CONIIV	SHWAY EASEN	AILIAI	
	KINGS HWY			ADDRESS 2				
				CITY	LEWES			
				STATE	DE	ZIP CODE		19958
TAX PARCEL N	0. 3-3	35 12.00 2.00 F	P/O NEW CASTLE	KENT	✓ SUSSEX	DATE OF TI	RANSFER	
		(A) 100 (A)						
PART	TRANSFEROR			PART	The state of the s	R OR SELLER ACC		
		Revocable Living Trust	Partnership		Purchase	-	oredosure / Repo	DSS62210U
9	Corporation		S Corporation		Gift	-	ther	
	Trust or Estate		Limited Liability Company		Inheritance			
	Business Trus	t	✓ Other:		1031 Excha	ange		
	TRANSFERON	eri i Por siaser.	POLITICAL SUBDIVISIO	CH CODDEEDOND	ENCE IS TO DE I	MAILED AFTER SE	ETTI EMENT	
PART			SSN OR EIN; AND ADDRESS TO WH		2 THE CIR		EL PERMEIAL	
	FIRST NAME	SUSSEX CO	UNIT	ADDRESS 2	Z THE CIK	CLE		
/2	LAST NAME			CITY	GEORGET	OWN		
	TAXPAYER ID			STATE	DE	ZIP CODE		19947
			!N per return. If more than one transf					
5	Gain realized	inge exempl from gain excluded from income	e for tax year of sale or exchange;	orporation, and not s	ubject to withholds	ng under 30 Dei. C 3:	9 1126, 1606 0	r 1909;
5	Gain realized Sale exempt	inge exempl from gain excluded from income due to foreclosure. (Se	realization; e for tax year of sale or exchange;				9 1126, 1606 0	r 1909;
5	Gain realized Sale exempt If any box	inge exempt from gain excluded from income due to foreclosure. (Se in Part 5 is checke	realization; e for tax year of sale or exchange; e Instructions)	8 below. No payme			9 1126, 1606 0	r 1909;
5 PART	Gain realized Sale exempt If any box	inge exempt from gain excluded from income due to foreclosure. (Se in Part 5 is checke	realization; e for tax year of sale or exchange; e Instructions) ed, DO NOT complete Parts 6, 7 and 8	8 below. No payme			9 112 0 , 1606 0	.r1909; . 00
5 PART	Gain realized Sale exempt If any box COMPUTATION TOTAL SA	nge exempt from gain lexcluded from income due to foreclosure. (Se in Part 5 is checke ON OF PAYMENT. ALES PRICE	realization; e for tax year of sale or exchange; e Instructions) ed, DO NOT complete Parts 6, 7 and 8	8 below. No payme		time.	\$	
5 PART	Gain realized Sale exempt If any box COMPUTATIO 60 TOTAL SA 6b LESS SELI	nge exempt from gain l excluded from income due to foreclosure. (Se in Part 5 is checke ON OF PAYMENT. ALES PRICE LING EXPENSES/I	realization; e for tax year of sale or exchange; e Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst	8 below. No payme			\$.00. 00.
5 PART 6	Gain realized Sale exempt If any box COMPUTATIO 60 TOTAL SA 6b LESS SELI 6c NET SALE	inge exempl from gain lexcluded from income due to foreclosure. (See in Part 5 is checke IN OF PAYMENT. ALES PRICE LING EXPENSES/I S PRICE (Subtrace	realization; e for tax year of sale or exchange; e Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst	B below. No payme tructions.)		time.	5	.00. 00. 00. O
5 PART 6	Gain realized Sale exempt If any box COMPUTATIO 6 TOTAL SA 6 LESS SELI 6 NET SALE 6 ADJUSTE 6 TOTAL G	inge exempt from gain lexcluded from income due to foreclosure. (See in Part 5 is checke NOF PAYMENT. ALES PRICE LING EXPENSES/I S PRICE (Subtract D BASIS OF PROP AIN (Subtract line	realization; e for tax year of sale or exchange; e Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst REDUCTIONS TO SALE PRICE et Line 6b from Line 6a) PERTY OR LIENS PAID AT SETTLEMEN e 6d from line 6c)	B below. No payme tructions.)	ent is due at this	time.	\$ 5	.00. 00. 00. O 00.
5 PART 6	Gain realized Sale exempt If any box COMPUTATIO 6 TOTAL SA 6 LESS SELI 6 NET SALE 6 ADJUSTE 6 TOTAL G	inge exempt from gain lexcluded from income due to foreclosure. (See in Part 5 is checke NOF PAYMENT. ALES PRICE LING EXPENSES/I S PRICE (Subtract D BASIS OF PROP AIN (Subtract line	realization; e for tax year of sale or exchange; e Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst REDUCTIONS TO SALE PRICE et Line 6b from Line 6a) PERTY OR LIENS PAID AT SETTLEMEN	B below. No payme tructions.)	ent is due at this	time.	\$ 5	.00
5 PART 6	Gain realized Sale exempt If any box COMPUTATIO 6a TOTAL SA 6b LESS SELI 6c NET SALE 6d ADJUSTE 6e TOTAL G 6f DELAWA NOTE: If Part 6 is	inge exempl from gain excluded from income due to foreclosure. (See in Part 5 is checke IN OF PAYMENT. ALES PRICE LING EXPENSES/I ES PRICE (Subtract D BASIS OF PROP AIN (Subtract line RE ESTIMATED IN	realization; e for tax year of sale or exchange; e Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst REDUCTIONS TO SALE PRICE et Line 6b from Line 6a) PERTY OR LIENS PAID AT SETTLEMEN e 6d from line 6c)	B below. No payme tructions.) NT 8.7% for C corp., a 7% will be withheld	ent is due at this nd by 6.6% for a from	time.	\$ 5	.00. 00. 00. O 00.
PART 6	Gain realized Sale exempt If any box COMPUTATIO If any box COMPUTATIO If any box TOTAL SALE If any box ADJUSTE IF ALESS SELI IF ALE	inge exempl from gain excluded from income due to foreclosure. (See in Part 5 is checke in OF PAYMENT. ALES PRICE LING EXPENSES/I ES PRICE (Subtract D BASIS OF PROP AIN (Subtract line RE ESTIMATED IN	realization; e for tax year of sale or exchange; te Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst REDUCTIONS TO SALE PRICE et Line 6b from Line 6a) PERTY OR LIENS PAID AT SETTLEMEN e 6d from line 6c) NCOME TAX DUE - Multiply line 6e by dis incomplete, the required 6.6% or 8.7 d submitted to the Division of Revenueransferor/seller or the installment	B below. No payme tructions.) NT 8.7% for C corp., a 7% will be withheld be as required by la	ent is due at this nd by 6.6% for a from w. ng this section, State of Delawa	ll others	nize any ga	.00 .00 0 .00 0 .00 0 .00
6	Gain realized Sale exempt If any box COMPUTATIO If any box COMPUTATIO If any box TOTAL SALE If any box ADJUSTE IF ALESS SELI IF ALE	inge exempl from gain excluded from income due to foreclosure. (See in Part 5 is checke in OF PAYMENT. ALES PRICE LING EXPENSES/I ES PRICE (Subtract D BASIS OF PROP AIN (Subtract line RE ESTIMATED IN	realization; e for tax year of sale or exchange; te Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst REDUCTIONS TO SALE PRICE et Line 6b from Line 6a) PERTY OR LIENS PAID AT SETTLEMEN e 6d from line 6c) NCOME TAX DUE - Multiply line 6e by dis incomplete, the required 6.6% or 8.7 d submitted to the Division of Revenueransferor/seller or the installment	B below. No payme tructions.) NT 8.7% for C corp., a 7% will be withheld be as required by la IOTE: If completing the second	ent is due at this nd by 6.6% for a from w. ng this section, State of Delawa	ll others	nize any ga	.00. 00. 00. O 00.
6	Gain realized Sale exempt If any box COMPUTATIO If any box COMPUTATIO If any box TOTAL SALE If any box ADJUSTE IF ALESS SELI IF ALE	inge exempl from gain excluded from income due to foreclosure. (See in Part 5 is checke in OF PAYMENT. ALES PRICE LING EXPENSES/I ES PRICE (Subtract D BASIS OF PROP AIN (Subtract line RE ESTIMATED IN	realization; e for tax year of sale or exchange; te Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst REDUCTIONS TO SALE PRICE et Line 6b from Line 6a) PERTY OR LIENS PAID AT SETTLEMEN e 6d from line 6c) NCOME TAX DUE - Multiply line 6e by dis incomplete, the required 6.6% or 8.7 d submitted to the Division of Revenueransferor/seller or the installment	B below. No payme tructions.) NT 8.7% for C corp., a 7% will be withheld be as required by la IOTE: If completing the second	ent is due at this nd by 6.6% for a from w. ng this section, State of Delawa	ll others	nize any ga	.00 .00 0 .00 0 .00 0 .00
6	Gain realized Sale exempt If any box COMPUTATIO If any box COMPUTATIO If any box TOTAL SALE If any box LESS SELI COMPUTATIO IN TOTAL SALE IN TOTAL SALE IN TOTAL GA IN TOTAL G	inge exempl from gain excluded from income due to foreclosure. (See in Part 5 is checke in OF PAYMENT. ALES PRICE LING EXPENSES/I ES PRICE (Subtract D BASIS OF PROP AIN (Subtract line RE ESTIMATED IN E not filled out or i E at settlement and this box if the tr riting gain under d. No tax is paya	realization; e for tax year of sale or exchange; te Instructions) ed, DO NOT complete Parts 6, 7 and 8 AND TAX TO BE WITHHELD (See inst REDUCTIONS TO SALE PRICE et Line 6b from Line 6a) PERTY OR LIENS PAID AT SETTLEMEN e 6d from line 6c) NCOME TAX DUE - Multiply line 6e by dis incomplete, the required 6.6% or 8.7 d submitted to the Division of Revenueransferor/seller or the installment	B below. No payme tructions.) NT 8.7% for C corp., a 7% will be withheld be as required by la IOTE: If completing the second	ent is due at this nd by 6.6% for a from w. ng this section, State of Delawa	ll others	nize any ga	.00 .00 0 .00 0 .00 0 .00

If prepared by a person other than the transferor/seller, the declaration is based on all information of which the preparer has any knowledge.

Transferor/Seller, please sign and print full name and title (if any):

AUTHORIZED SIGNATURE

PRINT NAME

■ DATE

TITLE MAIL COMPLETED FORM TO:

Delaware Division of Revenue 820 N. French Street PO Box 8763 Wilmington, DE 19899-8763



DELAWARE REW-EST



REAL ESTATE TAX RETURN DECLARATION OF ESTIMATED INCOME TAX Formerly 5403

Form REW-EST must be completed for all conveyances, and must be presented at the time of recording. ADDRESS OF THE PROPERTY **DESCRIPTION OF THE PROPERTY** PART KINGS HIGHWAY EASEMENT **ADDRESS** TEMPORARY CONSTRUCTION EASEMENT **ADDRESS 2** KINGS HWY CITY LEWES 19958 **ZIP CODE** STATE DE ✓ SUSSEX **DATE OF TRANSFER NEW CASTLE** KENT TAX PARCEL NO. 3-35 12.00 2.00 P/O TRANSFEROR OR SELLER ACQUIRED PROPERTY BY: TRANSFEROR/SELLER IS: PART Foredosure / Repossession Individual or Revocable Living Trust Partnership Gift Other S Corporation Corporation Limited Liability Company Inheritance Trust or Estate 1031 Exchange Other: Rusiness Trust MUNICIPALITY TRANSFEROR/SELLER'S NAME; SSN OR EIN; AND ADDRESS TO WHICH CORRESPONDENCE IS TO BE MAILED AFTER SETTLEMENT PART **ADDRESS** P.O. BOX 430 **CITY OF LEWES FIRST NAME** ADDRESS 2 LAST NAME **GEORGETOWN** CITY TAXPAYER ID ZIP CODE 19947 DE STATE Enter only one name and SSN or EIN per return. If more than one transferor/seller, use separate forms for each; however, if transferors/sellers are spouses, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is a pass-through entity, list EIN of the pass-through entity and attach a schedule listing each non-resident member or stockholder and their share of the tax being paid with the return. IF APPLICABLE, CHECK APPROPRIATE BOX. (Check no more than one box.) PART Transferor/seller is a resident (a) individual, (b) pass-through entity or (c) corporation, and not subject to withholding under 30 Del. C §§ 1126, 1606 or 1909; Sale or exchange exempt from gain realization; Gain realized excluded from income for tax year of sale or exchange; Sale exempt due to foreclosure. (See Instructions) If any box in Part 5 is checked, DO NOT complete Parts 6, 7 and 8 below. No payment is due at this time. COMPUTATION OF PAYMENT AND TAX TO BE WITHHELD (See instructions.) PART .00 **TOTAL SALES PRICE** ба LESS SELLING EXPENSES/REDUCTIONS TO SALE PRICE .00 6b .00 60 NET SALES PRICE (Subtract Line 6b from Line 6a) .00 64 ADJUSTED BASIS OF PROPERTY OR LIENS PAID AT SETTLEMENT 00.00 бе TOTAL GAIN (Subtract line 6d from line 6c) 0 .00 DELAWARE ESTIMATED INCOME TAX DUE - Multiply line 6e by 8.7% for C corp., and by 6.6% for all others NOTE: If Part 6 is not filled out or is incomplete, the required 6.6% or 8.7% will be withheld from the net proceeds at settlement and submitted to the Division of Revenue as required by law. NOTE: If completing this section, when you recognize any gain arising from the sale Check this box if the transferor/seller PART of property in the State of Delaware, you must report and remit the tax due to the is reporting gain under the installment State of Delaware on that transaction. method. No tax is payable at this time. .00 **DELAWARE ESTIMATED INCOME TAX PAID (See instructions)** PART Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the transferor/seller, the declaration is based on all information of which the preparer has any knowledge. Transferor/Seller, please sign and print full name and title (if any):

■ AUTHORIZED SIGNATURE DEREWEST2021019999V1

Revision 20211014

PRINT NAME

T DATE

TITLE



DELAWARE REW-EST



REAL ESTATE TAX RETURN DECLARATION OF ESTIMATED INCOME TAX Formerly 5403

Form REW-EST must be completed for all conveyances, and must be presented at the time of recording. **DESCRIPTION OF THE PROPERTY** ADDRESS OF THE PROPERTY PART **ADDRESS** KINGS HIGHWAY EASEMENT **TEMPORARY CONSTRUCTION EASEMENT ADDRESS 2** KINGS HWY CITY **LEWES** ZIP CODE 19958 STATE DE **DATE OF TRANSFER** TAX PARCEL NO. 3-35 12.00 2.00 P/O **NEW CASTLE** KENT ✓ SUSSEX TRANSFEROR OR SELLER ACQUIRED PROPERTY BY: TRANSFEROR/SELLER IS: PART PART Individual or Revocable Living Trust Partnership **Purchase** Foredosure / Repossession Other S Corporation Gift Corporation Trust or Estate Limited Liability Company Inheritance **Business Trust** Other: 1031 Exchange CHARTERED UTILITY TRANSFEROR/SELLER'S NAME; SSN OR EIN; AND ADDRESS TO WHICH CORRESPONDENCE IS TO BE MAILED AFTER SETTLEMENT DART THE BOARD OF PUBLIC WORKS LEWES **ADDRESS 107 FRANKLIN AVE** FIRST NAME ADDRESS 2 LAST NAME **LEWES TAXPAYER ID** CITY ZIP CODE 19958 DE STATE Enter only one name and SSN or EIN per return. If more than one transferor/seller, use separate forms for each; however, if transferors/sellers are spouses, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is a pass-through entity, list EIN of the pass-through entity and attach a schedule listing each non-resident member or stockholder and their share of the tax being paid with the return. IF APPLICABLE, CHECK APPROPRIATE BOX. (Check no more than one box.) PART Transferor/seller is a resident (a) individual, (b) pass-through entity or (c) corporation, and not subject to withholding under 30 Del. C §§ 1126, 1606 or 1909; Sale or exchange exempt from gain realization; Gain realized excluded from income for tax year of sale or exchange; Sale exempt due to foreclosure. (See Instructions) If any box in Part 5 is checked, DO NOT complete Parts 6, 7 and 8 below. No payment is due at this time. COMPUTATION OF PAYMENT AND TAX TO BE WITHHELD (See instructions.) 00 **TOTAL SALES PRICE** LESS SELLING EXPENSES/REDUCTIONS TO SALE PRICE .00 6b 0 .00 60 NET SALES PRICE (Subtract Line 6b from Line 6a) 60 ADJUSTED BASIS OF PROPERTY OR LIENS PAID AT SETTLEMENT .00 6e TOTAL GAIN (Subtract line 6d from line 6c) 0 .00 DELAWARE ESTIMATED INCOME TAX DUE - Multiply line 6e by 8.7% for C corp., and by 6.6% for all others 0 .00 NOTE: If Part 6 is not filled out or is incomplete, the required 6.6% or 8.7% will be withheld from the net proceeds at settlement and submitted to the Division of Revenue as required by law. NOTE: If completing this section, when you recognize any gain arising from the sale Check this box if the transferor/seller PART is reporting gain under the installment of property in the State of Delaware, you must report and remit the tax due to the method. No tax is payable at this time. State of Delaware on that transaction. .00 **DELAWARE ESTIMATED INCOME TAX PAID (See instructions)** PART Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the transferor/seller, the declaration is based on all information of which the preparer has any knowledge. Transferor/Seller, please sign and print full name and title (if any):

AUTHORIZED SIGNATURE

PRINT NAME

m DATE

TITLE

IL COMPLETED FORM T