

ST. FRANCIS MEDICAL CAMPUS 3RD ADDITION

KNOW ALL PERSONS BY THESE PRESENTS: That St. Francis Regional Medical Center, a nonprofit corporation, owner of the following described property situated in the County of Scott, State of Minnesota, to wit:

Outlot A, ST. FRANCIS MEDICAL CAMPUS, as is on file and of record in the Office of the County Recorder, in and for Scott County, Minnesota, And also That part of the Northeast Quarter of the Southeast Quarter of Section 18, Township 115, Range 22, Scott County, Minnesota, lying south of the North 21.15 feet, and lying easterly of Scott County Right of Way Plat No. 85 and 86, according to the recorded Plat thereof, all of which lies northerly of Line 2, described below.

Line 2:

Commencing at the West Quarter of Section 18, Township 115, Range 22, Scott County, Minnesota; thence South 89 degrees 55 minutes 21 seconds East, assumed bearing along the south line of the North Half of said Section 18, 3978.34 feet; thence North 44 degrees 51 minutes 30 seconds East, 55.26 feet; thence North 00 degrees 08 minutes 30 seconds West, 104.00 feet to the point of beginning of said Line 2 to be hereinafter described; thence North 89 degrees 51 minutes 30 seconds East, 66.20 feet; thence southeasterly 420.39 feet, along a tangential curve concave to the southwest, having a radius of 1018.93 feet and a central angle of 23 degrees 38 minutes 21 seconds; thence South 66 degrees 30 minutes 09 seconds East, tangent to the last described curve, 120.33 feet; thence easterly 412.58 feet, along a tangential curve concave to the northeast, having a radius of 1000.00 feet, and a central angle of 23 degrees 38 minutes 21 seconds; thence North 89 degrees 51 minutes 30 seconds East, tangent to the last described curve, 206.67 feet; to the east line of the Northeast Quarter of the Southeast Quarter of said Section 18, and said Line 2 there terminating.

Has caused the same to be surveyed and platted as ST. FRANCIS MEDICAL CAMPUS 3RD ADDITION, and does hereby donate and dedicate to the public for public use forever the public ways and also dedicate the easements as shown on this plat for drainage and utility purposes only.

In witness whereof said St. Francis Regional Medical Center, a nonprofit corporation, has caused these presents to be signed by its proper officer this _____ day of _____, 20____

St. Francis Regional Medical Center

Signature _____ Printed Name, Title _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, 20____, by _____, as _____ of The St. Francis Regional Medical Center, a nonprofit corporation, on behalf of the company.

Signature _____ Printed Name, Notary _____
Notary Public, _____ County, _____
My Commission Expires _____

SURVEYOR CERTIFICATE

I Max L. Stanislawski do hereby certify that this plat was prepared by me or under my direct supervision; that I am a duly Licensed Land Surveyor in the State of Minnesota; that this plat is a correct representation of the boundary survey; that all mathematical data and labels are correctly designated on this plat; that all monuments depicted on this plat have been, or will be correctly set within one year; that all water boundaries and wet lands, as defined in Minnesota Statutes, Section 505.01, Subd. 3, as of the date of this certificate are shown and labeled on this plat; and all public ways are shown and labeled on this plat.

Dated this _____ day of _____, 20____.

Max L. Stanislawski, Licensed Land Surveyor
Minnesota License No. 48988

STATE OF MINNESOTA
COUNTY OF HENNEPIN

This foregoing Surveyor's Certificate was acknowledged before me this _____ day of _____, 20____, by _____, Max L. Stanislawski, a Licensed Land Surveyor.

Signature _____ Printed Name, Notary _____
Notary Public, _____ County, Minnesota
My Commission Expires January 31, 2025

CITY COUNCIL OF SHAKOPEE, MINNESOTA

I/We do hereby certify that on the _____ day of _____, 20____, the City Council of the City of SHAKOPEE, Minnesota, approved this plat.

By: _____ Mayor By: _____ Clerk

CITY ATTORNEY, CITY OF SHAKOPEE, MINNESOTA

I hereby certify that I have examined this plat of ST. FRANCIS MEDICAL CAMPUS 3RD ADDITION and do hereby recommend this plat for approval as to form this _____ day of _____, 20____.

By: _____
City Attorney

SCOTT COUNTY SURVEYOR

Pursuant to Minnesota Statutes, Chapter 389.09, Subd. 1, as amended, this plat has been reviewed and approved this _____ day of _____, 20____.

By: _____
Scott County Surveyor

SCOTT COUNTY AUDITOR/TREASURER

I hereby certify that the current and delinquent taxes on the lands described within are paid and the transfer is entered this _____ day of _____, 20____.

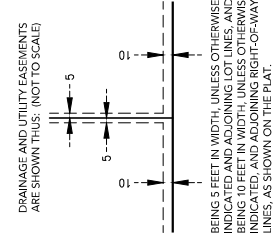
By: _____ Deputy
Scott County Auditor/Treasurer

SCOTT COUNTY RECORDER

I hereby certify that this plat was recorded in the office of the County Recorder for record on this _____ day of _____, 20____, at _____ o'clock _____M, as Document No. _____.

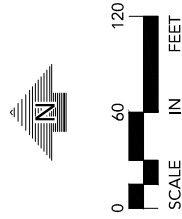
By: _____ Deputy
Scott County Recorder

ST. FRANCIS MEDICAL CAMPUS AND ADDITIONAL

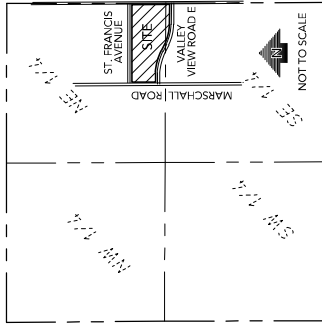


THE SOUTH LINE OF NORTHEAST
QUARTER OF SECTION 18, TOWNSHIP
115, RANGE 22, IS ASSUMED TO HAVE A
BEARING OF N89°55'21"W.

- DENOTES 1/2 INCH X 14 INCH IRON MONUMENT SET, MARKED "LS 48988"
- DENOTES 1/2 INCH IRON PIPE FOUND AND MARKED "LS 15480", UNLESS SHOWN OTHERWISE
- ▲ DENOTES FOUND "PK NAIL"
- ⦿ DENOTES FOUND SCOTT COUNTY CAST IRON MONUMENT
- ⦿ DENOTES FOUND ALUMINUM DISK



VICINITY MAP



SECTION 18, TOWNSHIP 115, RANGE 22,
SCOTT COUNTY, MINNESOTA