

**Environment and Natural Resources Trust Fund (TF)
Land Acquisition Reporting Form**

As required by M.S. 116P.16 for interest in land acquired with
Environment and Natural Resource Trust Fund proceeds after June 30, 2005.

Date of Report: 20:49 11/25/2025

ID Number: 25-153-001

Contact Information

Original Purchaser (Entity/Organization/Agency): BWSR

Name of person submitting report: Easement Section Manager

Address: 520 Lafayette Road North
St. Paul

MN 55155

Phone: (651) 539-2567

Email: sharon.doucette@state.mn.us

Legal Citation

Legal Citation of TF Appropriation: M.L. 2022, Chp. 94, Sec. 2, Subd. 08j

Acquisition Details

Original purchase date: 12/17/2024

Working title(s) of acquisition: 48-01-24-27

Type of Acquisition (Fee / Conservation Easement / Other): CE

Location:

County:

Todd

Range:

33

1/4 Section:

City:

Section:

21

1/4 1/4 Section:

Township:

Ward

Size in acres? (Provide total acres to the nearest one-tenth acre): 144.2

Natural Resources conservation values in acres (e.g. wetland/upland, prairie/grassland, forested, other):
forested

Describe Adjacency to Public/Private Conservation Lands:

Name of Adjacent Body of Water (if applicable):

n/a

Amount of Shoreline (linear feet/miles):

n/a

Funding

Purchase Price: \$ 300,697.38

Appraised Value: \$ 0

Related Professional Service Costs: \$ 0

Total Project Costs: \$ 0

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Source of money	Amount of funds	% of total project costs	Proportional Size (acres)
Environment Natural Resources Trust Fund	300,697.38	100	144.2
Other State Money	0	0	0
Federal Money	0	0	0
Regional/Local Government money	0	0	0
Non-profit Money	0	0	0
Bargain Sale/Donation Value	0	0	0
Other Money	0	0	0
Total Funds	300,697.38	100	144.2

Funding

Yes **A. Interest is retained by original purchaser**

B. Interest in the property was simultaneously transferred to another entity as part of the original purchase arrangements

C. Interest in the property was transferred to another entity on _____

**Check appropriate option(s) for who owns and manages the property as of the date of this report.
Fill in contact information below.**

DNR, Wildlife Management Area - Name of WMA: _____

DNR, Scientific and Natural Area - Name of SNA: _____

DNR, Aquatic Management Area - Name of AMA: _____

DNR, State Park - Name of State Park: _____

DNR, Forestry - Name of Forestry Unit: _____

DNR, Trails - Name of Trail: _____

U.S. Fish and Wildlife Service: _____

Local Unit of Government, Specify What County or City: _____

Yes **Other, Specify Organization:** BWSR Easement Section _____

Other, Specify Organization: _____

<p align="center">Primary Contact: Easement Section Manager</p> <p>Address 520 Lafayette Road North St. Paul MN 55155</p> <p>Phone: (651) 539-2567</p> <p>Email: sharon.doucette@state.mn.us</p>	<p align="center">Alternate Contact:</p> <p>Address</p> <p>Phone:</p> <p>Email:</p>
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Notes/Comments: