

CONTRA COSTA COUNTY
SUBDIVISION AGREEMENT EXTENSION

Development Number: SD08-09215
Developer: Randolph D. and Roxanne W. Lindsay
Original Agreement Date: January 12, 2010
Fourth Extension New Termination Date: January 12, 2016

Improvement Security

SURETY : Sure-Tec Insurance Company

BOND No. 4375140

Security Type

Cash:

SURETY BOND:

Date: October 23, 2009

Security Amount

\$ 1,280.00 (1% cash, \$1,000 Min.)

\$ 126,720.00 (Performance)

\$ 64,000.00 (Labor & Material)

The Developer and the Surety desire this Agreement to be extended through the above date; and Contra Costa County and said Surety hereby agree thereto and acknowledge same.

Dated: _____

FOR CONTRA COSTA COUNTY
Julia R. Bueren, Public Works Director

By: _____

RECOMMENDED FOR APPROVAL:

By: 
(Engineering Services Division)

(NOTE: Developer's, Surety's and Financial Institution's Signatures must be Notarized.)

FORM APPROVED: Victor J. Westman, County Counsel

After Approval Return to Clerk of the Board

**PLEASE SEE
ATTACHED NOTARY**

Dated: 12/5/14

Roxanne W. Lindsay
Developer's Signature(s)

Roxanne W. Lindsay
Printed

Randolph D. Lindsay
Developer's Signature(s)

RANDOLPH D. LINDSAY
Printed

2301 NORRIS CANYON SAN RAMON
Address

Suretec Insurance Company 12/9/14
Surety or Financial Institution

3033 5th Avenue, #300 San Diego, CA 92103
Address


Attorney in Facts Signature

Sandra R. Black, Attorney-in-fact
Printed

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

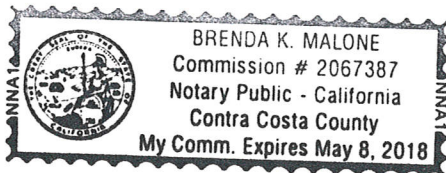
CIVIL CODE § 1189

State of California

County of Contra Costa

On 12/5/14 before me, Brenda K Malone, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Randolph D and Roxanne W Lindsay
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Contra Costa County Subdivision Agreement Extension

Document Date: 12/5/14 Number of Pages: One

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: Randolph D Lindsay

☐ Corporate Officer — Title(s): _____

☒ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: Self

Signer's Name: Roxanne W Lindsay

☐ Corporate Officer — Title(s): _____

☒ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: Self

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA

County of Sacramento

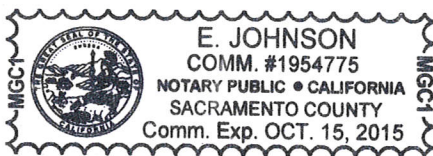
On 12/9/14 before me, E. Johnson, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared Sandra R. Black

Name(s) of Signer(s)



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature

Signature of Notary Public E. Johnson

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Sandra R. Black

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☒ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer Is Representing:
SureTec Insurance Company

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer Is Representing: _____