## **CONTRA COSTA COUNTY**

### SUBDIVISION AGREEMENT EXTENSION

Development Number: MS02-0002 Developer: Lafayette Partners, LLC

Original Agreement Date: April 8, 2008

Fourth Extension New Termination Date: April 8, 2016

#### **Improvement Security**

SURETY: Developers Surety & Indemnity Co.

BOND No. 727481 S

Date: March 14, 2008

Security Type

Security Amount

Cash:

\$ <u>1,300.00</u> (1% cash, \$1,000 Min.)

SURETY BOND:

\$ <u>130,600.00</u> (Performance)

\$ 65,300.00 (Labor& Material)

The Developer and the Surety desire this Agreement to be

extended through the above date; and Contra Costa ge same.
Dated: 24, 2015
Developer's Signature(s)  ERIC A. HUMANN  Printed MANN
Developer's Signature(s)  122AT NASHASHYSI  Printed  1091 BROWN AVE., LATASETTE CA 94549  Address
Surety or Financial Institution  17771 COWAN STE-100 1RVINE, CA 9 2614  Address  Limit J. Burstyl  Attorney in Facts Signature  CASSIE J. BURRISFORB

# POWER OF ATTORNEY FOR DEVELOPERS SURETY AND INDEMNITY COMPANY INDEMNITY COMPANY OF CALIFORNIA

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

\*\*\*Yvonne M. Dean, Pauline M. McLean, Mark J. Lansdon, James E. Mary, Daniel Young, Cassie J. Berrisford, Robert Fix, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of surety-ship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this December 1, 2014.

By: Daniel Young, Senior Vice-President

By: Mark J. Lansdon, Vice-President

State of California County of Orange

On December 1, 2014 before me, Lucille Raymond, Notary Public

Date

Daniel Young and Mark J. Lansdon

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 \_\_\_\_

Lucille Raymond, No

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this  $24\,\text{th}$ day of Ju1y , 2015

Cassie J. Berrisford, Assistant Secretary

ID-1380(Rev.12/14)

#### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Orange personally appeared \_\_\_\_\_ Cassie J. Berrisford 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. LUCILLE RAYMOND Commission # 2081945 I certify under PENALTY OF PERJURY under the laws of Notary Public - California the State of California that the foregoing paragraph is true Orange County and correct. My Comm. Expires Oct 13, 2018 Witness my hand and official seal Signature Signature of Notary Public Lucille Raymond Place Notary Seal Above – OPTIONAL <del>-----</del> 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 the 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: \_\_\_\_\_ Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): \_\_\_\_ ☐ Corporate Officer — Title(s):\_\_\_\_\_ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ✓ Attorney in Fact ☐ Attorney in Fact RIGHT THUMBPRINT RIGHT THUMBPRINT OF SIGNER ☐ Trustee ☐ Trustee OF SIGNER ☐ Guardian or Conservator ☐ Guardian or Conservator Top of thumb here Top of thumb here ☐ Other: \_\_\_\_\_ Other: \_\_\_\_\_ Signer is Representing: Signer is Representing:

\(\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\	***************************************	
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		
State of California )		
County of COMPA COSTA )	Y.	
On <u>7</u>  97 15 before me,	MUNAR, "NOTARY PUBLIC"	
Date	Here Insert Name and Title of the Officer	
personally appeared	SHO! and BRICA. HUMANN	
	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.		
C	certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
COMM. #1966934 m	Signature Signature of Notary Public	
Place Notary Seal Above		
OPTIONAL ———		
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.		
Title or Type of Document: Subscription Acres Mem Sylvan Document Date:  Number of Pages: Signer(s) Other Than Named Above:		
Capacity(ies) Claimed by Signer(s)  Signer's Name:  Corporate Officer — Title(s):  Partner — Limited General  Individual Attorney in Fact  Trustee Guardian or Conservator  Other:	Signer's Name: Corporate Officer — Title(s): Partner —	
Signer Is Representing:	Signer Is Representing:	