

**CONTRA COSTA COUNTY**  
**SUBDIVISION AGREEMENT EXTENSION**

**Development Number:** SD04-08918  
**Developer:** Thomas/DeNova, LLC  
**Original Agreement Date:** September 19, 2006  
**Second Extension New Termination Date:** September 19, 2016

**Improvement Security**

**SURETY :** Developers Surety and Indemnity Company

**BOND No.** 720962 S

**Date:** August 18, 2006

**Security Type**

**Security Amount**

**Cash:**

**\$ 11,699.00 (1% cash, \$1,000 Min.)**


**SURETY BOND:**

**\$ 415,000.00 (Performance)**

**\$ 584,950.00 (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: September 22, 2015

Dated: August 17, 2015  


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

Developer's Signature(s)  
Steven P. Thomas  
Printed

By: \_\_\_\_\_

Developer's Signature(s)

RECOMMENDED FOR APPROVAL:

Printed

By:   
(Engineering Services Division)

Address

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

Surety or Financial Institution

Address

FORM APPROVED: Victor J. Westman, County Counsel

After Approval Return to Clerk of the Board

Attorney in Facts Signature

Printed

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

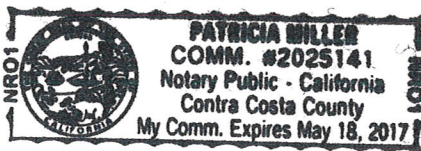
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of Contra Costa )  
 On 8/17/2015 before me, Patricia Miller, Notary Public,  
 Date Here Insert Name and Title of the Officer  
 personally appeared Steven P. Thomas  
 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 Patricia Miller  
 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.

**Description of Attached Document**

Title or Type of Document: Subdivision Agree Exten Document Date: 8/17/2015  
 Number of Pages: 1 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 Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
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Dated: August 17, 2015  


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

Developer's Signature(s)

Steven P. Thomas

Printed

By: \_\_\_\_\_

Developer's Signature(s)

RECOMMENDED FOR APPROVAL:

Printed

By: \_\_\_\_\_  
(Engineering Services Division)

Address

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

Developers Surety and Indemnity Company  
Surety or Financial Institution

1655 Grant Street, 6th Floor, Concord, CA 94520

Address

FORM APPROVED: Victor J. Westman, County Counsel

After Approval Return to Clerk of the Board

  
Attorney in Facts Signature

John J. Daley, Attorney-in-Fact

Printed



**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:

\*\*\*John J. Daley, Kenneth J. Goodwin, Linda Byas-Barnett, 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 suretyship 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 January 29, 2015.

By: *Daniel Young*  
Daniel Young, Senior Vice-President

By: *Mark Lansdon*  
Mark Lansdon, Vice-President



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

On January 29, 2015 before me, Lucille Raymond, Notary Public  
Date Here Insert Name and Title of the Officer

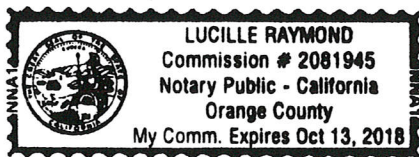
personally appeared Daniel Young and Mark Lansdon  
Name(s) of Signer(s)

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 *Lucille Raymond*  
Lucille Raymond, Notary Public



Place Notary Seal Above

**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 17<sup>th</sup> day of August, 2015

By: *Cassie J. Berrisford*  
Cassie J. Berrisford, Assistant Secretary

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

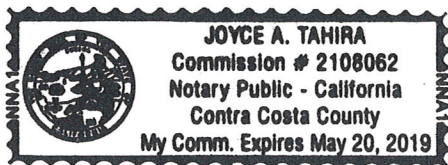
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State of California

County of Contra Costa

On August 17, 2015 before me, Joyce A. Tahira, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared John J. Daley  
Name(s) or 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

## 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 **Bond Number: 720962 S**

Document Date: August 17, 2015 Number of Pages: One(01)

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

### Capacity(ies) Claimed by Signer(s)

Signer's Name: John J. Daley  
☐ 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: \_\_\_\_\_  
Developers Surety and  
Indemnity 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_