CONTRA COSTA COUNTY

SUBDIVISION AGREEMENT EXTENSION

Development Number: MS02-00002

Developer: Lafayette Partners, LLC

Original Agreement Date: April 8, 2008

Fifth Extension New Termination Date: April 8, 2017

Improvement Security

SURETY:

Developers Surety & Indemnity

BOND No.

727481S

Date:

March 14, 2008

Security Type

ne.

Security Amount

Cash:

\$ 1,300.00 (1% cash, \$1,000 Min.)

SURETY BOND:

\$ 130,600.00 (Performance)

\$ 65,300.00 (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: March 29, 2016
FOR CONTRA COSTA COUNTY
Julia R. Bueren, Public Works Director
Ву:
RECOMMENDED FOR APPROVAL:
By: Arth Afleys (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

Dated:/February 17, 2016
E Alfra
Developer's Signature(s)
ERIC A. HUMANN
Printed Column
Developer's Signature(s)
IZZAT N ASHASHIBI
Printed
1021 BROWN AVENUE, LAFAYETTE CA 94549
Address
DEVELOPERS SURETY AND INDEMNITY COMPANY
Surety or Financial Institution

Attorney in Facts Signature

STEVEN R. BONILLA, ATTORNEY-IN-FACT

17771 COWAN, SUITE 100 IRVINE CA 92614

Printed

Address

CIVIL CODE § 1189

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

	ficate verifies only the identity of the individual who signed the it the truthfulness, accuracy, or validity of that document.	
State of California)	
County ofSan Diego)	
On February 17, 2016 before me,	L. Hahn, Notary Public	
Date	Here Insert Name and Title of the Officer	
personally appearedSteven R. Bonilla		
personally appeared	Name(s) of Signer(s)	
subscribed to the within instrument and acknowledge	ory evidence to be the person(§) whose name(s) is/are by executed the same in his/her/their signature(s) on the instrument the person(s), acted, executed the instrument.	
L. HAHN	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
Commission # 2036151 Notary Public - California San Diego County My Comm. Expires Sep 5, 2017	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.		
Description of Attached Document		
Title or Type of Document:	Document Date:	
Number of Pages: Signer(s) Other T	han Named Above:	
Capacity(ies) Claimed by Signer(s)		
Signer's Name:	Signer's Name:	
☐ Corporate Officer — Title(s):	Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator	
Other:	Other:	
Signer Is Representing:		

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:

Ted Collins, Leslie Hahn, A. Watt, Steven R. Bonilla, 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, Senior Vice-President

Mark Lansdon, Vice-President

OCT. 10 OCT. 1936 OCT. 193



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 _____

ucilla Paymond 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

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

Orange County

My Comm. Expires Oct 13, 2018

17th day of

February

, 2016 .

By: Serrisford, Assistant Secretary

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 before me, MAY MUNAR, NOTARY PUB Here Insert Name and Title of the Officer personally appeared _ Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/aresubscribed 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. MAY MUNAR WITNESS my hand and official seal. COMM. # 2138188 NOTARY PUBLIC • CALIFORNIA CONTRA COSTA COUNTY CONTRA COSTA COUNTY Comm. Exp. JAN. 20, 2020 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. **Description of Attached Document** Title or Type of Document: SUBDIVISION AGRAMMOT EXT. Document Date: 247/16 Number of Pages: _____ Signer(s) Other Than Named Above: _ Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: _ ☐ Corporate Officer — Title(s): _ ☐ Corporate Officer — Title(s): □ Partner — □ Limited □ General ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator Trustee ☐ Other: _ Other: Signer Is Representing: Signer Is Representing:

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 CMTOA Here Insert Name and Title of the Officer personally appeared 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. MAY MUNAR WITNESS my hand and official seal. COMM. # 2138188 NOTARY PUBLIC . CALIFORNIA CONTRA COSTA COUNTY Comm. Exp. JAN. 20, 2020 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: SUDDIJSIM ALDER HOT BYT Document Date: 2/17/14 Number of Pages: _____ Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Corporate Officer — Title(s): □ Corporate Officer — Title(s): ___ ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator Other: Other: Signer Is Representing: _ Signer Is Representing: _