## **CONTRA COSTA COUNTY**

## SUBDIVISION AGREEMENT EXTENSION

Development Number: SD06-09131

Developer: Jasraj Singh & Tomas Baluyut Original Agreement Date: May 15, 2007

Eighth Extension New Termination Date: May 15, 2018

### Improvement Security

SURETY: Developers Surety and Indemnity

BOND No.: 761783S

Date: April 9, 2007

Security Type

SURETY BOND:

Security Amount

Cash:

\$ 1,000.00 (1% cash, \$1,000 Min.)

\$ 59,900.00 (Performance)

\$ <u>30,450.00</u> (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:	Dated: May 16th, 2017
	Sugh
FOR CONTRA COSTA COUNTY	Developer's Signature(s)
Julia R. Bueren, Public Works Director	JASRAJ SINGH
Ву:	Printed Pany Police
	Doveloper's Signature(s)
RECOMMENDED FOR APPROVAL:	TOMAS/Y/BAYUEUT JR
	Printed
Ву:	2744 POOSEVECT CN. ANTIOCH
(Engineering Services Division)	Address CA 94509
(NOTE: Developer's, Surety's and Financial Institution's Signatures must be Notarized.)	Developers Surety and Indemnity
	Surety or Financial Institution
	17771 Cowan, Suite C, Irvine, CA 92614
	Address
FORM APPROVED: Victor J. Westman, County Counsel	
After Approval Return to Clerk of the Board	Attorney in Facts Signature
	Mike Herranen

Printed

STATE OF Arizona	
COUNTY OF Maricopa	
	-
On_05/16/2017, before me, Jennifer Pixler here insert name and title of the officer), personally appeared _!	Michael J. Herranen
mere insert name and tille of the officer), personally appeared	· · · · · · · · · · · · · · · · · · ·
personally known to me (or proved to me on the basis of satisf subscribed to the within instrument and acknowledged to me the capacity(ies), and that by his/her/their signature(s) on the instruction of the instrument.  WITNESS my hand and official seal.  Signature (SEAL)	JENNIFER PIXLER NOTARY PUBLIC, ARIZONA
Jennifer Pixler	MARICOPA COUNTY My Commission Expires March 16, 2018
OPTIO	This area for Official Notarial Seal
Though the data below is not required by law, it may prove prevent fraudulent reattachment of this form.	NAL valuable to persons relying on the document and could
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#### **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:

\*\*\*Thomas C. Buckner, Mike Herranen, 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 6th day of February, 2017.



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

February 6, 2017

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

**Orange County** 

My Comm. Expires Oct 13, 2018

Lucille Raymond, Notary Public

Here Insert Name and Title of the Office

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, 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



Cassie J. Berrisford, Assistant Secretary ATS-1002 (02/17)

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 Ventura County of before me, Here Insert Name and Title of the Off 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. WITNESS my hand and official seal. KATHERINE KENNEDY Commission # 2159725 Notary Public - California Ventura County Comm. Expires August 9, 2020 Signature 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: WONTYISTOYT 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 ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Other: ☐ Other:

Signer Is Representing:

Signer Is Representing:

# **California All-Purpose Certificate of 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 Courses Costa	.s.
On S/2017 before me,	Name of Notary Public. Title
	of Signer (1)
who proved to me on the basis of satisfactory evidence is/are subscribed to the within instrument and acknowled the same in his/her/their authorized capacity(ies), and the instrument the person(s), or the entity upon behalf of whinstrument.	dged to me that he/she/they executed at by his/her/their signature(s) on the
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	JASON JEREMY Commission # 2040070
WITNESS my hand and official seal.	Notary Public - California Contra Costa County My Comm. Expires Sep 1, 2017
Signature of Notary Public  OPTIONAL INFORMATIO  Although the information in this section is not required by law, it could prothis acknowledgment to an unauthorized document and may prove useful Description of Attached Document	event fraudulent removal and reattachment of
The preceding Certificate of Acknowledgment is attached to a	Method of Signer Identification
document titled/for the purpose of	Proved to me on the basis of satisfactory evidence:
SUBDIVISION AGREEMENT EXTENSION	☐ form(s) of identification ☐ credible witness(es)
containing pages, and dated	Notarial event is detailed in notary journal on:
The signer(s) capacity or authority is/are as:	Page # Entry #
☐ Individual(s)	Notary contact:
☐ Attorney-in-fact ☐ Corporate Officer(s)	Other
Title(s)	☐ Additional Signer ☐ Signer(s) Thumbprints(s)
Guardian/Conservator Partner - Limited/General Trustee(s) Other:	
representing:  Name(s) of Person(s) Entity(ies) Signer is Representing	

ACKNOWIEDGMENTAGENOWIEDGMENTAGENOWIEDGMENTAGENOWIEDGMENTAGENOWIEDGMENTAGENOWIEDGMENTAGENOWIEDGMENTAGENOWIEDGMENTAGENOWIEDGMENT