## **CONTRA COSTA COUNTY**

## SUBDIVISION AGREEMENT EXTENSION

**Development Number: MS18-00007** 

Developer: The Sherwood Family Revocable Trust

Original Agreement Date: June 23, 2020

Extension New Termination Date: June 23, 2024

## **Improvement Security**

SURETY: The Sherwood Family Revocable Trust

BOND No. DP809198

Date: June 4, 2020

Security Type

Security Amount

Cash:

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

**SURETY BOND:** 

\$ <u>16,600.00</u> (Performance)

\$ <u>8,300.00</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: (12025)
FOR CONTRA COSTA COUNTY Brian M. Balbas, Public Works Director	Developer's Signature(s) Scott Sherwood Iruste e
Ву:	Printed
RECOMMENDED FOR APPROVAL:	Developer's Signature(s) LISC Sherwood Invote  Printed  On (0.00)
RECOMMENDED FOR AFFROVAL.	162 East Cane alam, CA9481
By:(Engineering Services Division)	The Shelwood Fam. ly Revocable Trus T Surety or Financial Institution
(NOTE: Developer's, Surety's and Financial Institution's Signatures must be Notarized.)	162 East Lan Quany, CA 94507 Address
FORM APPROVED: Victor J. Westman, County Counsel	
After Approval Return to Clerk of the Board	Attorney in Facts Signature
	Printed

	OMBRESENSIENERS (SIENERS DES SERVES EN EN CASA DE LA CASA DEL CASA DE LA CASA DEL CASA DE LA CASA D	BY SACK ON DATE OF THE SACK OF		
	fficer completing this certificate ver s attached, and not the truthfulness	(E) (E)	e individual who signed the document hat document.	
State of California	)			
County of CONTYA C	nsta }			
County of Contract		0) "		
on July 20, 2023	before me, M	a fisely Aurelia	-Perata, Notary Public.	
Date		Here Insert Nam	e and Title of the Officer	
personally appeared	Scott Sherwood, Trus	tl		
Name(s) of Signer(s)				
to the within instrument authorized capacity(ies)	and acknowledged to me tha	t he/she/they execute ature(s) on the instrum	whose name(s) is/are subscribed the same in his/her/their nent the person(s), or the entity	
ARIA GISELLE AURELIO-PERATA Notary Public - California Contra Costa County Commission # 2320327 My Comm. Expires Jan 31, 2024	-	LTY OF PERJURY under the California that the foregoing d correct.		
	WITNESS my hand a	and official seal.		
Place Notary Sec	al and/or Stamp Above	Signature Signature	ignature of Motaly Public	
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.				
Description of Attac	ched Document			
Title or Type of Doc	ument:			
Document Date:			Number of Pages:	
Signer(s) Other Than	Named Above:			
Capacity(ies) Claim	ed by Signer(s)			
1		Signer's Name:		
☐ Corporate Officer -	- Title(s):	☐ Corporate Officer – Title(s):		
☐ Partner — ☐ Limite		□ Partner – □ Limi	ited □ General	
□ Individual		□ Individual		
	☐ Guardian or Conservator		☐ Guardian or Conservator	
Signer is Penrecentin	od.	☐ Other:	ting:	
Signer is Representing:		Signer is Kepreselli	y	

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A notary public or other officer completing this certificate ver to which this certificate is attached, and not the truthfulness	rifies only the identity of the individual who signed the document s, accuracy, or validity of that document.		
State of California			
County of CONTYA (05ta )			
on July 20,2073 before me, Avi	Here Insert Name and Title of the Officer		
personally appeared 400 014 0000, 105 ft	Name(s) of Signer(s)		
Name(s) of Signer(s)			
who proved to me on the basis of satisfactory eviden to the within instrument and acknowledged to me the authorized capacity(ies), and that by his/her/their sign upon behalf of which the person(s) acted, executed the person of	nature(s) on the instrument the person(s), or the entity		
ARIA GISELLE AURELIO-PERATA Notary Public - California Contra Costa County	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.		
Commission # 2320327 My Comm. Expires Jan 31, 2024	WITNESS my hand and official seal.		
Completing this information can	Signature Signature of Notary Public  Signature of Notary Public  deter alteration of the document or		
and the property of the state o	form to an uklintended 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:  □ Corporate Officer – Title(s):		
□ Corporate Officer – Title(s):	□ Corporate Officer – Title(s):		
☐ Partner — ☐ Limited ☐ General	□ Partner - □ Limited □ General		
☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator		
□ Other:			
Signer is Representing:	Signer is Representing:		

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