| DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way Castle Rock, Colorado 80109 | |
|---|-----------------------------------|
| IN RE THE MATTER OF LINCOLN CREEK METROPOLITAN DISTRICT | ▲ COURT USE ONLY ▲ |
| Attorneys for the District: SPENCER FANE LLP Lisa K. Mayers, Reg. No. 23335 1700 Lincoln Street, Suite 2000 Denver, Colorado 80203-4554 (303) 839-3800 (303) 839-3838 - Facsimile E-mail: <u>lmayers@spencerfane.com</u> | Case No.: 2005CV99 Division: 1 |

OATH OF OFFICE – JENNIFER SCHMIDT

I, **Jennifer Schmidt**, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Lincoln Creek Metropolitan District upon which I am about to enter.

Signature:



IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this 11^{H} day of May, 2022.

By: Title: Officer of the Board

OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING SHOULD BE COMPLETED: STATE OF COLORADO

| STATE OF COL | JORADO) | |
|------------------|--|--|
| COUNTY OF | Douglas) ss. | |
| Subscribed and s | sworn to before me this $\frac{1}{2}$ day of | 100 2022, by Jennifer Schmidt, Director. |
| My Notary Com | mission expires on <u>$6-30-25$</u> | - $/ / .$ |
| (SEAL) | NOAH VICKERY NOTARY PUBLIC | Notary Public |
| | STATE OF COLORADO | |
| | MY COMMISSION EXPIRES JUNE 30, 2025 | |

Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)

§32-1-901, C.R.S., and Colorado Constitution Article 12, §9





Colorado Special Districts Property and Liability Pool Comprehensive Crime Certificate Holder Declaration

| ertificate Number: 32C60 | 575-1135 | Coverage Period: 1/ | 1/2019 Until Cancelled | |
|---|---|-----------------------------|---|--|
| med Member: | | | | |
| ncoln Creek Metropolitan D | vistrict | Broker of Record: | | |
| 6892 Yosemite Ct., Suite 2-101 384 I | | T. Charles Wilson Ins | T. Charles Wilson Insurance Service 384 Inverness Parkway Englewood, CO 80112 | |
| | | 384 Inverness Parkwa | | |
| | | Englewood, CO 8011 | | |
| Covered ERISA Pla | in: | | | |
| vered Designated Agent | <u>s):</u> | | | |
| verage Limits and Dec | luctibles | | <u>Limits</u> | |
| Public Employee D | shonesty Coverage | 9: | \$5,000 | |
| - Limit is Per Lo | SS | | | |
| - Faithful Perfor | • | | | |
| | ors, and Trustees | | | |
| | ension Plan ERISA Co | • | | |
| | n is shown on applicati kers as Employees | on | | |
| Forgery or Alteratio | | | \$5,000 | |
| Theft, Disappearan | - | Covorago | \$5,000 | |
| • •• | | Coverage. | | |
| Inside Premises | | | \$5,000 | |
| Outside Premises | | | \$5,000 | |
| Computer and Funds Transfer Fraud Coverage: | | | \$5,000 | |
| Debit, Credit or Charge Card Forgery Coverage: | | | \$5,000 | |
| Money Orders and Counterfeit Paper Currency Coverage: | | | \$5,000 | |
| Fraudulent Imperso | nation Coverage: | | \$5,000 | |
| Crime Deductible: | | \$100 | | |
| Fraudulent Imperso | nation Deductible | 20% of Fraudulent Impersona | ation Limit | |
| Contribution: | | \$133.31 | | |
| Policy Forms: | CR 00260506 Government Crime Policy CR 25070300 Include Specified Directors or Trustees on Committee as Employees CR 25080300 Include Specified Non-Compensated Officers as Employees CR 25090300 Include Volunteer Workers as Employees CR 25190506 Add Faithful Performance of Duty CR 25120300 Include Treasurers or Tax Collectors as Employees CR 02151104 Colorado Changes CR 25200300 Debit, Credit or Charge Card Forgery CR 25020506 Include Designated Agents as Employees, when listed CR 04171115 Fraudulent Impersonation | | | |

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Comprehensive Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Document for actual coverage, terms, conditions, and exclusions.

Countersigned by:

Authorized Representative

Wednesday, November 6, 2019