

DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109	▲ COURT USE ONLY ▲
IN RE THE MATTER OF STONEGATE VILLAGE METROPOLITAN DISTRICT	
Attorneys for the District: SPENCER FANE LLP Thomas N. George, #41395 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 (303) 839-3800 – Telephone; (303) 839-3838 – Facsimile E-mail: tgeorge@spencerfane.com	Case No.: 1983CV109 Division: 1
OATH OF OFFICE - SAMUEL C. SHERMAN	

I, **Samuel C. Sherman**, 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 Stonegate Village Metropolitan District upon which I am about to enter.

Signature:

Samuel C. Sherman

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

Subscribed and sworn to before me this 11th day of June 2021.

By:

Lisa Foster Sherman

Title: Officer of the Board

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

STATE OF COLORADO)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____ 2020, by Samuel C. Sherman, Director.

My Notary Commission expires on _____

(SEAL)

Notary Public

***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

CERTIFICATE OF APPOINTMENT

IN THE MATTER OF STONEGATE VILLAGE METROPOLITAN DISTRICT, COUNTY OF DOUGLAS, STATE OF COLORADO

COMES NOW, the President of Stonegate Village Metropolitan District, County of Douglas, State of Colorado, and certifies that at a regular meeting of the Board of Directors of the District held at 5:30 p.m. on May 19, 2021, at the Stonegate Village Metropolitan District Community Center, 10326 Stonegate Parkway, Parker, Colorado, the Board determined that a vacancy did occur on the Board of Directors of the District, that it was necessary to appoint a new Director to act until the next regular election of the District, that nominations were open for appointment of a new Director, and that upon unanimous vote there was appointed to the Board, the following eligible elector of the District to act until the next regular election of the District:

Name: Samuel C. Sherman
Residence
Address: 10637 Cottoneaster Way
Parker, Colorado 80134

I further certify that I have caused this Certificate of Appointment to be delivered to said new Director and to the Division of Local Government of the State of Colorado on this 19th day of May, 2021.

STONEGATE VILLAGE METROPOLITAN
DISTRICT

By: 
President



STONVIL-01

LKLIESEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/15/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757		FAX (A/C, No): (303) 368-5863
	E-MAIL ADDRESS: tcwinfo@wilsonins.com		
INSURED Stonegate Village Metropolitan District c/o Simmons & Wheeler, PC. 304 Inverness Way South, Suite 490 Englewood, CO 80112	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : CNA Surety		0022
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	3 Year Bond			14774651	11/30/2020	11/30/2023	Limit 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Public Official Position Schedule Bond

1 Treasurer @ \$5,000

5 Board Members @ \$1,000 each

CERTIFICATE HOLDER

CANCELLATION

Colorado Department of Local Affairs
 Division of Local Government-Special Districts
 1313 Sherman St., Rm 521
 Denver, CO 80203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Law Klein