| DISTRICT COU | URT, DOUGLAS COUNTY, COLORADO | |
|---------------|--|---|
| Court Addres | s: 4000 Justice Way | |
| Court Addres | Suite 2009 | |
| | Castle Rock, CO 80109 | |
| Petitioner: | custic recei, co outo, | † |
| | | |
| MIRABELLI | E METROPOLITAN DISTRICT NO. 4 | |
| | | ▲ COURT USE ONLY ▲ |
| Attorney for | Petitioner: | |
| | | |
| Name: | Kristen D. Bear, Esq. | Case Number: 2016CV30968 |
| | Trisha K. Harris, Esq. | |
| Address: | White Bear Ankele Tanaka & Waldron | Division: |
| | Attorneys at Law | |
| | 2154 E. Commons Ave., Suite 2000 | Courtroom: |
| 7.1 | Centennial, CO 80122 | |
| Phone: | (303) 858-1800 | |
| Fax: | (303) 858-1801 | |
| Email: | kbear@wbapc.com; | |
| Attack Dog #1 | tharris@wbapc.com | |
| Atty. Reg. #: | 23680; 34820 | |
| | BOARD OF DIRECTOR | S |
| | OATH OF OFFICE | 3 |
| | OMIN OF OTTICE | |
| | | |
| STATE OF CO | OLORADO) | |
| | Douglas) ss. | |
| COUNTY OF | <u>Douglas</u> | |
| | | |
| I, Thor | mas John Schriefer, [select one of the following | \bigcirc swear, \bigcirc affirm or $[\bigcirc]$ |
| swear by the | everliving God], that I will support the Const | itution of the United States, the |
| | f the State of Colorado, and the laws of the Stat | |
| 1 | uties of the office of Director of the Mirabelle | |
| | out to enter to the best of my ability. In accordan | |
| bond required | to be filed at the time of filing of this oath is file | d herewith as Exhibit A. |
| | , , , , , | |
| | <i>Thomas Schrie</i> Thomas Schriefer (May 8, 202 | tor |
| | Signature | |

| Subscribed and sworn to before me thisday of, 2020. | |
|---|--|
| Jennifer E. Fulton-Miller By: Jennifer E. Fulton-Miller (May 8, 2020) | |
| Officer of the Board of Directors | |

Oath of Office, District Nos 1-4 - Thomas John Schriefer

Final Audit Report 2020-05-08

Created: 2020-05-08

By: Rose Vallesio (rvallesio@wbapc.com)

Status: Signed

Transaction ID: CBJCHBCAABAAKk34zeIECLyqdihsxM9RU4KFfppTYgPn

"Oath of Office, District Nos 1-4 - Thomas John Schriefer" Histor y

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EXHIBIT A

Director Bond



or Employee or position.

RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM0933047</u>

| ltei | m 1. Name of Insure | ed: Mirabelle Metrop | olitan District N | No. 4 | | | |
|------|---------------------|---|-------------------|-------------------------|----------------------|------------------|-----------------------|
| | | · | | | | | (the "Insured") |
| | Principal Addre | ess: c/o White Bear A Centennial, CO 8 | | & Waldron 215 | 54 East Con | imons Avenue, | Suite 2000 |
| ltei | m 2. Bond Period | November 1, 2016 | to <u>Cont</u> | inuous Until Ca | ancelled | | |
| | | does not exceed the each Position there lis | | in the Schedu | le of name | d Positions or w | ritten acceptances |
| ı. | INSURING AGREE | MENT | | | | | |
| | | e Company, an Illino | • | | • , . | | • |
| | held and firmly bou | nd unto | N | <u> Iirabelle Metro</u> | <u>politan Distr</u> | ict No. 4 | |
| | of(| Centennial | , <u>co</u> , c | bligee, for the | faithful dis | charge of the o | duties of any Public |
| | • • | ee while occupying a Company as to said p | • • | | | | |
| II. | CONDITIONS | | | | | | |
| | | omatic coverage is gr a newly created posi | | | | • | |
| | beginning, unle | Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty day period the Obligee has requested in writing that the position be added to the schedule, and the Company by written acceptance has consented thereto. | | | | | |
| | Coverage on a | ny position may be in | ncreased or de | ecreased upor | written rec | uest of the Obl | igee, if agreed to in |

C. Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

B. Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official

OFF 0102 (2/93)

Page 1 of 3 Pages

00002304-30,30

of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this 11th day of October, 2016.

RLI Insurance Company

Vice President

OFF 0102 (2/93) Page 2 of 3 Pages SCHEDULE OF POSITIONS - EFFECTIVE THE <u>1st</u> DAY OF <u>November</u>, <u>2016</u>.

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

| Schedule Number | Position Name | No. | Position Location | Bond Amount |
|--------------------|---------------|-----|-------------------|-------------|
| 1 | Treasurer | 1 | | \$ 5,000.00 |
| 2 | Board Member | 1 | | \$ 1,000.00 |
| 3 | Board Member | 1 | | \$ 1,000.00 |
| 4 | Board Member | 1 | | \$ 1,000.00 |
| 5 | Board Member | 1 | | \$ 1,000.00 |
| 6 | Board Member | 1 | | \$ 1,000.00 |
| 7 | | | | |
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RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0933047</u>

Know All Men by These Presents:

| That the _ | RLI Insui | rance Company | , a corpo | oration organized | d and existing | under the laws of the State of |
|-------------------------------|--|--|------------------------------------|---|-------------------------------|--|
| | Illinois , ar | d authorized and license | ed to do business | in all states and | the District o | f Columbia does hereby make, |
| constitute | and appoint: | Barton W. Davis | in t | the City of | P | <u>'eoria</u> , State of |
| | Illinois , as | Vice President | , with full p | ower and autho | rity hereby co | onferred upon him/her to sign, |
| execute, a | cknowledge and deliver | for and on its behalf as | Surety, in genera | l, any and all bo | onds, undertal | kings, and recognizances in an |
| amount n | ot to exceed | Five Hundred Thousan | d and 00/100 | Dollar | s (<u>\$ 50</u> | 0,000.00) for any single |
| obligation | , and specifically for the | following described bond | d. | | | |
| Principal | :Mirabelle Metr | opolitan District No. 4 | | | | |
| Obligee: | Same as Princip | pal | | | | |
| Type Bor | nd: Public Official | Position Schedule Bond | l | | | |
| Bond Am | nount: <u>\$ 10,000.00</u> | | | | | |
| Effective | Date: November 1, 20 | 16 | | | | |
| | | | | | | |
| The | RLI Insurano | ce Company | further cer | rtifies that the | following is | a true and exact copy of a |
| Resolution | n adopted by the Board of | f Directors of | RLI Insur | ance Company | | , and now in force to-wit: |
| underta underta corpora | kings in the name of t kings, Powers of Attor te seal may be printed b | the Company. The correct or other obligation of the collision of the colli | rporate seal is ons of the corp | not necessary poration. The | for the valid signature of | to issue bonds, policies or dity of any bonds, policies, f any such officer and the |
| | | | | | | ese presents to be executed by |
| its | Vice President | _ with its corporate seal | affixed this1 | <u>1th</u> day of | October | |
| ATTEST: | urie L'Montgon | Ilm | CORPORATE SEAL | RLI Insuranc | e Company | \ |
| | Montgomery | Assistant Secretary | LINOIS MILITARIA | Barton W. Davis | 3 | Vice President |
| | RLI Insurance C | who being by | me duly sworn, a | acknowledged th Assistant Secreta | nat they signe ary | Barton W. Davis d the above Power of Attorney, respectively, of the said the voluntary act and deed of |
| Jacqueline | M. Bockler | M. Bollex Notary Public | PUBLIC JACQU | FICIAL SEAL" ELINE M. BOCKLER SION EXPIRES 01/14/18 | | |