## DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF **COLORADO**

4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200

## PETITIONER: IN RE HESS RANCH METROPOLITAN DISTRICT NO. 8

MaryAnn M. McGeady

Elisabeth A. Cortese McGEADY SISNEROS, P.C.

450 E. 17<sup>th</sup> Avenue, Suite 400

Denver, Colorado 80203 Phone: (303) 592-4380

Fax: (303) 592-4385

E-mail: mmcgeady@mcgeadysisneros.com;

ecortese@mcgeadysisneros.com

Atty. Reg#: 12417 and 41222, respectively

### ▲ COURT USE ONLY ▲

Case Number: 2015CV30976

Div.: 3 Ctrm.: 3

#### OATH OF DIRECTOR

The undersigned solemnly swears (or affirms) that Cindi M. Rodriguez will faithfully perform the duties of this office as required by law and will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws made pursuant thereto.

Cindi M. Rodriguez

Address: 921 S. Walden Street #204 Aurora, Colorado 80017

STATE OF COLORADO

) ss.

COUNTY OF Arapahoe

Subscribed and sworn to before me this 12<sup>th</sup> day of November, 2015.

WITNESS my hand and official seal.

arif Pro

My commission expires: JENNIFER PINO NOTARY PUBI STATE OF COLOR Notary ID 20104024843 My Commission Expires 07/16/2018

# CERTIFICATE OF ELECTION

IT IS HEREBY CERTIFIED THAT

Cindi M. Rodriguez

WAS ELECTED TO SERVE UNTIL THE SECOND REGULAR ELECTION

AS A MEMBER OF THE BOARD OF DIRECTORS OF THE

## HESS RANCH METROPOLITAN DISTRICT NO. 8

AT THE ELECTION HELD TUESDAY, NOVEMBER 3, 2015.

Dated: November 4, 2015

Signed: /S/ JENNIFER PINO

**Designated Election Official** 

THIS CERTIFICATE OF ELECTION IS MADE PURSUANT TO SECTION 1-13.5-1305(2), C.R.S.



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>LSM0807451</u>

| Iter | n 1.   | Name of Insured: Hess Ranch Metropolitan District No. 8  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|
|      |  | (the "Insured")  |  |  |  |  |  |  |  |
|      |  | Principal Address: c/o McGeady Sisneros, P.C. 450 E. 17th Avenue, Suite 400  |  |  |  |  |  |  |  |
|      |  | Denver, CO 80203-1254  |  |  |  |  |  |  |  |
|      |  |  |  |  |  |  |  |  |  |
| Iter | n 2.   | Bond Period November 4, 2015 to Continuous Until Cancelled.  |  |  |  |  |  |  |  |
| Iter | n 3.   | Limit of liability does not exceed the sum specified in the Schedule of named Positions or written acceptances     |  |  |  |  |  |  |  |
|      |  | Company as to each Position there listed.  |  |  |  |  |  |  |  |
| - 2  |  |  |  |  |  |  |  |  |  |
| L    | INS  | URING AGREEMENT  |  |  |  |  |  |  |  |
|      | The RLI Insurance Company, an Illinois corporation (the "Company"), in consideration of an agreed prem |  |  |  |  |  |  |  |  |
|      |  | and firmly bound unto Hess Ranch Metropolitan District No. 8   |  |  |  |  |  |  |  |
|      |  | Denver , CO, Obligee, for the faithful discharge of the duties of any Public                                       |  |  |  |  |  |  |  |
|      |  | cial or Employee while occupying any position named in the schedule attached, or added thereto by writter          |  |  |  |  |  |  |  |
|      |  | eptance of the Company as to said position after the4th day ofNovember,2015  |  |  |  |  |  |  |  |
|      |  | V  |  |  |  |  |  |  |  |
| II.  | CONDITIONS   |  |  |  |  |  |  |  |  |
|      | A.   | Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee:      |  |  |  |  |  |  |  |
|      |  | (1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal         |  |  |  |  |  |  |  |
|      |  | amount.  |  |  |  |  |  |  |  |
|      |  |  |  |  |  |  |  |  |  |
|      |  | 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 any position may be increased or decreased upon written request of the Obligee, if agreed to in        |  |  |  |  |  |  |  |
|      |  | writing by the Company.  |  |  |  |  |  |  |  |
|      | 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 Officia |  |  |  |  |  |  |  |
|      |  | or Employee or position.   |  |  |  |  |  |  |  |
|      | 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 o    |  |  |  |  |  |  |  |
|      |  | Employee occupying more than one position at one time, or at different times, shall not exceed the larges          |  |  |  |  |  |  |  |
|      |  | amount of coverage specified for any single position occupied by said Public Official or Employee. The liability   |  |  |  |  |  |  |  |
|      |  | of the Company shall <b>never exceed</b> the amount in effect for the position when the act                        |  |  |  |  |  |  |  |
|      |  |  |  |  |  |  |  |  |  |

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 4th day of November, 2015.

**RLI Insurance Company** 

Barton W. Davis

Vice President

SCHEDULE OF POSITIONS - EFFECTIVE THE 4th DAY OF November , 2015.

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

| Schedule<br>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                  | 2             | 0   |                   |             |
| 8                  |               |     |                   |             |
| 9                  |               |     |                   |             |
| 10                 |               |     |                   |             |
| 11                 |               |     |                   |             |
| 12                 |               |     |                   |             |
| 13                 |               |     |                   |             |
| 14                 |               |     |                   |             |
| 15                 |               |     |                   |             |
| 16                 | W             |     |                   |             |
| 17                 |               |     |                   |             |
| 18                 |               | 1   |                   |             |
| 19                 |               |     | -                 |             |
| 20                 |               |     |                   |             |
| 21                 |               |     |                   |             |
| 22                 |               |     |                   |             |
| 23                 |               |     |                   |             |
| 24                 |               |     |                   |             |
| 25                 |               |     |                   |             |
| 26                 |               |     |                   |             |



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>LSM0807451</u>

## Know All Men by These Presents:

| That the                         | RLI Insurance Compa         | ıny                                   | , a corporation o  | rganized and ex                  | isting under the la          | ws of the State of                        |
|----------------------------------|-----------------------------|---------------------------------------|--|----------------------------------|------------------------------|---|
|                                  | , and authorized            |                                       |  |                                  |                              |   |
| constitute and appoint:          | Barton V                    | V. Davis                              | in the City  | of                               | Peoria                       | , State of                                |
| Illinois                         | , as Vice Pro               | esident ,                             | with full power an   | d authority here                 | eby conferred upo            | on him/her to sign,                       |
| execute, acknowledge             | and deliver for and on its  | behalf as Surety,                     | in general, any ai   | nd all bonds, un                 | dertakings, and re           | ecognizances in an                        |
|                                  | f Five Hundre               |                                       |  |                                  |                              |   |
|                                  | cally for the following des |                                       |  |                                  |                              |   |
| Principal: Hes                   | s Ranch Metropolitan D      | istrict No. 8                         |  |                                  |                              |   |
| Obligee: San                     | ne as Principal             |                                       |  |                                  |                              |   |
|                                  | lic Official Position Sch   | edule Bond                            |  |                                  |                              |   |
|                                  | 0,000.00                    |                                       |  |                                  |                              |   |
|                                  | vember 4, 2015              |                                       |  |                                  |                              |   |
|                                  |                             |                                       |  |                                  |                              |   |
| The R                            | LI Insurance Company        |                                       | further certifies the                                      | hat the followi                  | ng is a true and             | l exact copy of a                         |
|                                  | the Board of Directors of   |                                       |  |                                  |                              |   |
|                                  |                             |                                       |  |                                  |                              | v   |
|                                  | be printed by facsimile.    |                                       |  | has con                          | and there presents           | s to be executed by                       |
|                                  | EOF, the                    |                                       |  |                                  |                              |   |
| its Vice Pres                    | dent with its co            | rporate seal affixe                   | a this <u>4th</u> a  | ay ofNove                        | mber , 201                   | <u>5</u> ,                                |
| ATTEST:  Cherie L. Montgomery    | Montgomery Assistant S      | Gecretary SI                          | PORATE Z   | B. H. W. Davis                   | pany                         | Vice President                            |
| On this 4th day of and Cherie L. | f November, 2015            | before me, a No ho being by me do and | ıly sworn, acknow<br>Assistar                              | ledged that they<br>nt Secretary | signed the above respective. | e Power of Attorney ectively, of the said |
| Jacqueline M. Bockler            | ixline M. Box               | Notary Public                         | "OFFICIAL OTATIVE OF JACQUELINE M. LINOIS COMMISSION EXPIR | BOCKLER                          |                              |   |