#### SUBMITTAL TO THE BOARD OF SUPERVISORS **COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM 3.29 (ID # 3526)

#### **MEETING DATE:**

Tuesday, March 21, 2017

FROM: TLMA-TRANSPORTATION:

SUBJECT: TLMA - TRANSPORTATION DEPARTMENT: Approval of the Partial Assignment and Assumption of Transportation Uniform Mitigation Fee Improvement Credit/Reimbursement Agreement between Brookfield 30069 LLC, CalAtlantic Group Inc., and the County of Riverside for Tract No. 30069-2. 3rd District; [\$0]

#### **RECOMMENDED MOTION:** That the Board of Supervisors:

- 1. Approve the Partial Assignment and Assumption of Transportation Uniform Mitigation Fee (TUMF) Improvement Credit/Reimbursement Agreement between Brookfield 30069 LLC, CalAtlantic Group Inc., and the County of Riverside (County); and
- 2. Authorize the Chairman of the Board of Supervisors to execute the same.

**ACTION: (Policy)** 

Patricia Romo, Director of Transportation

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Jeffries and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes:

Jeffries, Tavaglione and Washington

Navs:

None

Absent:

Ashley

Date:

March 21, 2017

XC:

Transp.

.of.the.Board

Kecia Harper-Ihem

## SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

| FINANCIAL DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Current Fise | al Year: | Next Fiscal | Year: | Total Cost:            |                       | Ongoing Cos |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|-------------|-------|------------------------|-----------------------|-------------|---|
| COST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$           | 0        | \$          | 0     | \$                     | 0                     | \$          | 0 |
| NET COUNTY COST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$           | 0        | \$          | 0     | \$                     | 0                     | \$          | 0 |
| SOURCE OF FUNDS: N/A. No General funds will be used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |          |             |       | Bı                     | Budget Adjustment: No |             |   |
| The state of the s |              |          |             | Fo    | For Fiscal Year: 16/17 |                       |             |   |

C.E.O. RECOMMENDATION: Approve

#### **BACKGROUND:**

#### **Summary**

On September 18, 2007, the Board of Supervisors approved the TUMF Improvement and Credit/Reimbursement Agreement (Credit Agreement) between Brookfield W633 LLC and the County for Washington Street improvements which included TUMF credits for Tract No. 30069-2 (Assigned Property); Agenda Item 3-66. The Credit Agreement provided a means by which eligible developer costs associated with the delivery of the Washington Street improvements could be offset against the developer's obligation to pay applicable TUMF. These improvements were required by conditions of approval of the Assigned Property.

The Assigned Property was purchased by MS451, Inc. from Brookfield W633 LLC then sold to Brookfield 30069 LLC. Subsequently, CalAtlantic Group Inc. acquired the Assigned Property from Brookfield 30069 LLC. Brookfield 30069 LLC now desires to assign to CalAtlantic Group Inc. the TUMF credits, interests and obligation associated with the Assigned Property in accordance with the Credit Agreement. The assigned TUMF credits shall be in the amount equal to the developer's obligation up to a maximum of \$8,873 per each single-family residential unit within the Assigned Property.

The Notice of Completion for the project was issued on October 20, 2008.

County Counsel has approved the Agreement as to form.

#### Impact on Residents and Businesses

N/A

#### **SUPPLEMENTAL:**

**Additional Fiscal Information** 

N/A

#### **Contract History and Price Reasonableness**

N/A

#### SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, **STATE OF CALIFORNIA**

**ATTACHMENTS** 

Vicinity Map Agreement

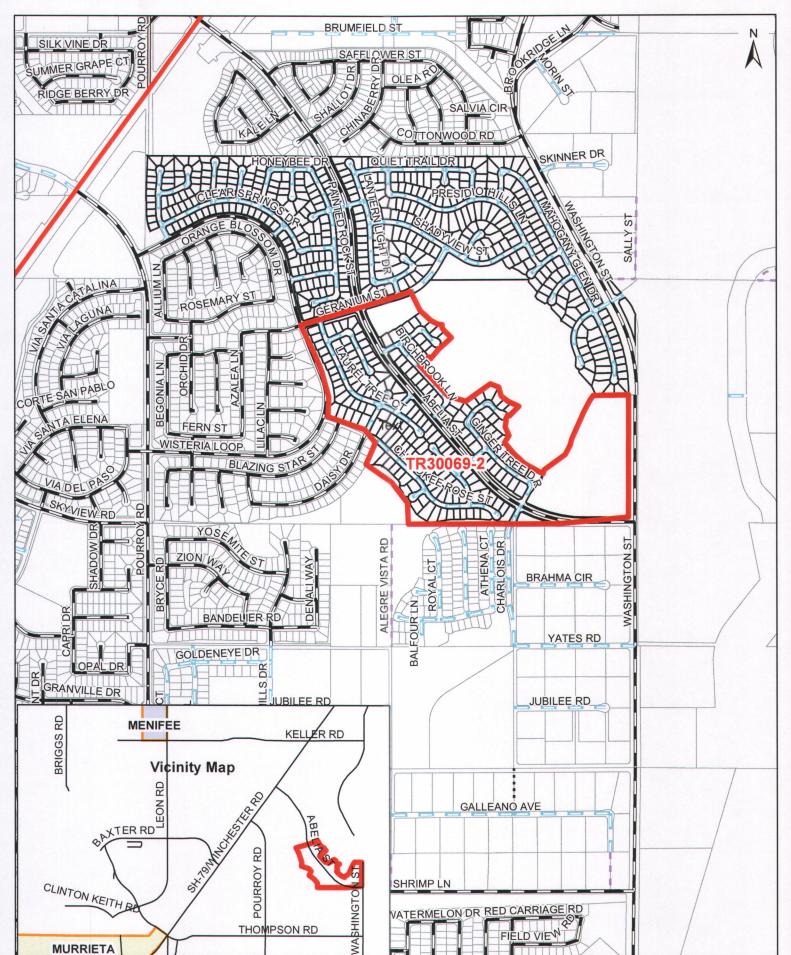
<u>Leila Moshref Danesh</u> Leila Moshref-Danesh

2/17/2017 Gregory V. Prianos, Director County Counsel

) 500 1,000 2,000

1 inch = 1,042 feet Orthophotos Flown 2/11 (WR, CV) or 4/07 (REMAP, Blythe) Printed by almedina on 1/24/2017 Tract 30069-2 Vicinity Map The County of Riverside assumes no warranty or legal responsibility for the information contained on this map. Data and information represented on this map is subject to updates, modifications and may not be complete or appropriate for all purposes. County GIS and other sources should be queried for the most current information Do not copy or resell this map.







CalAtlantic Group, Inc.

#### **Appointment of Officers**

#### TO WHOM IT MAY CONCERN:

Pursuant to Article IV, Section 4.3, of the Bylaws of CalAtlantic Group, Inc., a Delaware corporation (the "Corporation"), the individuals set forth in Exhibit A are hereby appointed Operational Vice Presidents of the Corporation, effective October 3, 2016. Each such individual shall hold office at the pleasure of the Board of Directors and the Chief Executive Officer and shall have such powers and duties as may be assigned to each such individual by the Board of Directors.

As an Operational Vice President, each such individual shall have the power and authority, in the ordinary course of business of the Corporation, to negotiate, approve, execute and deliver deeds, development, land use and other entitlement applications and agreements, and all other agreements and documents relating to the real estate development and construction business conducted by this Corporation (including in its capacity as a partner in a partnership or member of a limited liability company), and each such individual is authorized and directed to execute, deliver and file, as appropriate, such certificates, affidavits, agreements and other documents, as may be deemed necessary, desirable or appropriate to effectuate the real estate development and construction business conducted by this Corporation.

Larry T. Nicholson

President and Chief Executive Officer

Jany Flichola

## SECRETARY'S CERTIFICATE OF CALATLANTIC GROUP, INC.

The undersigned, John P. Babel, Executive Vice President, General Counsel & Secretary of CalAtlantic Group, Inc., a Delaware corporation (the "Company"), hereby certifies on behalf of the Company as follows:

- 1. The persons whose names appear in <u>Exhibit A</u>, as of the date hereof and at all other relevant times, duly elected, qualified, and appointed Operational Vice Presidents of the Company, presently holding the office or offices shown opposite his or her name.
- 2. As an Operational Vice President, each such individual shall have the power and authority, in the ordinary course of business of the Company, to negotiate, approve, execute and deliver deeds, development, land use and other entitlement applications and agreements, and all other agreements and documents relating to the real estate development and construction business conducted by this Company (including in its capacity as a partner in a partnership or member of a limited liability company), and each such individual is authorized and directed to execute, deliver and file, as appropriate, such certificates, affidavits, agreements and other documents, as may be deemed necessary, desirable or appropriate to effectuate the real estate development and construction business conducted by this Company.

Dated: October 3, 2016

CALATLANTIC GROUP, INC., a Delaware Corporation

Ву: \_\_\_\_\_

John P. Babel

Its: Executive Vice President, General Counsel & Secretary

Inland Empire Division President Martin Langpap **VP Operations/Construction** Steven Seibert VP Land Acquisition Nicholas Vislay **VP Project Development** Sean Doyle VP Land Development (Regional) **Brian Bencz** Adam Sheehan VP Finance (Regional) Alan Willingham VP Purchasing (Regional) Matthew Schemenauer **VP Sales & Marketing VP Finance** Frank Ciraci Area Sales Manager Wendy L. Fisher **Closing Manager** Penny S. Roper Brian M. Jacobson **Project Manager Project Manager** Joshua A. Gause **Project Manager** Scott W. Kimball **Dawn Topete Project Manager Project Manager Chris Willis** Division So. Cal. Coastal President Elliot Mann **VP Operations/Construction (Regional) David Prolo VP Land Acquisition Gary Jones VP Land Acquisition** Ryan Green **VP Project Development** Michael Battaglia VP Project Development (Ventura) Ken Melvin **VP Land Development Brian Bencz VP Finance (Regional)** Adam Sheehan Alan Willingham VP Purchasing (Regional) **VP Customer Care Douglas Campbell VP Sales & Marketing** John Patrick Higgins **Director of Land Acquisition Richard Whitt Hollis** Director of Marketing Jennifer Greyshock Design Center Manager **Betty Shinn-Mierop Project Manager** Dana Bieber **Project Manager** Crystal Burckle Project Manager Green B. Sam **Project Manager** Janice Shackle **Project Manager** Brian D. McCarthy **Escrow Manager** Leslie A. Goodale Area Sales Manager Alyxandra Cole Area Sales Manager Steve Babakhanian Area Manager Construction James Maclean Heidi Pasinli **Options Manager Purchasing Manager** Salvador Carlos Senior Purchasing Agent Sandra D. Mindt **Purchasing Manager** Kimberly A. Hooper **Regional Purchasing Agent** Connie Almendarez **Regional Purchasing Agent** Jaren Nuzman

Yesenia Santana

1508020JLK (10/03/16)

**Regional Purchasing Agent** 

Page 3 of 8

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CALATLANTIC GROUP, INC.

FILE NUMBER:

C1801380

REGISTRATION DATE: 09/17/1991

TYPE:

FOREIGN CORPORATION

JURISDICTION:

DELAWARE

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is qualified to transact intrastate business in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 06, 2017.

> **ALEX PADILLA** Secretary of State

# <u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CALATLANTIC GROUP, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-STOCK CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALATLANTIC

GROUP, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D.

1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202415476

Date: 06-01-16

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"THE RYLAND GROUP, INC.", A MARYLAND CORPORATION,

WITH AND INTO "STANDARD PACIFIC CORP." UNDER THE NAME OF "CALATLANTIC GROUP, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2015, AT 9:13 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF

THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF OCTOBER,

A.D. 2015 AT 12:01 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.



Authentication: 10155123

Date: 09-30-15

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: BROOKFIELD 30069 LLC

REGISTERED IN CALIFORNIA AS: BROOKFIELD 30069 LLC

FILE NUMBER:

201310710311

REGISTRATION DATE: 03/18/2013

TYPE:

FOREIGN LIMITED LIABILITY COMPANY

JURISDICTION:

DELAWARE

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is qualified to transact intrastate business in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 6, 2017.

> **ALEX PADILLA** Secretary of State

Recarding Requested By:
First American Title Company
National Homebuilder Services
Subdivision Department

Mail Tax Statements to RECORDING REQUESTED BY AND WHEN RECORDED, MAIL TO:

Ryland Homes of California, Inc. c/o CalAtlantic Group, Inc. 355 E. Rincon Street, Suite 300 Corona, California 92879
Attention: Martin Langpap 5136536-201

DOC # 2016-0265205

06/28/2016 03:38 PM Fees: \$33.00 Page 1 of 7 Recorded in Official Records County of Riverside Peter Aldana Assessor-County Clerk-Recorder

\*\*This document was electronically submitted to the County of Riverside for recording\*\* Receipted by: ELVIA #527

Reviewed & Approved by Mindy #209

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX s 18,501.95

\_X \_Computed on the consideration or value of property conveyed; OR

\_\_\_\_Computed on the consideration or value less liens or encumbrances remaining at time of sale.

X Unincorporated area

APN: 476-370-01 thru 09 TRA: 094-215

Signature of Declarant or Agent determining tax-Firm Name

Jeanne Could, First American Title

MAIL TAX STATEMENTS TO ADDRESS ABOVE

#### **GRANT DEED**

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, BROOKFIELD 30069 LLC, a Delaware limited liability company ("Grantor"), hereby grants to RYLAND HOMES OF CALIFORNIA, INC., a Delaware corporation (Grantee"), the following described real property (the "Land") located in the County of Riverside, California:

SEE ATTACHMENT NO. 1

EXCEPTING AND RESERVING UNTO GRANTOR, its successors and assigns together with the right to grant and transfer all or a portion of the same, as follows:

A. All oil, oil rights, minerals, mineral rights, natural gas rights and other hydrocarbons by whatsoever name known, geothermal steam and all products derived from any of the foregoing, that may be within or under the Land, together with the perpetual right of drilling, mining, exploring and operating therefor and storing in and removing the same from said Land or any other land, including the right to whipstock or directionally drill and mine from lands other than the Land, oil or gas wells, tunnels and shafts into, through or across the subsurface of the Land, and to bottom such whipstocked or directionally drilled wells, tunnels and shafts under and beneath or beyond the exterior limits thereof, and to redrill, retunnel, equip, maintain, repair, deepen and operate any such wells or mines without, however, the right to drill, mine, store, explore or operate through the surface or the upper 500 feet of the subsurface of the Land.

Mail Tax Statements Ta: SAME AS ABOVE

- B. The right to place on, under or across the Land, transmission lines and other facilities for a community antenna television system within publicly dedicated streets and customary hook-ups from the streets to the Residences (as defined in that certain Builder Agreement and Escrow Instructions by and between Grantor and Grantee) with respect to the Land and thereafter to own and convey such lines and facilities, and the right to enter upon the Land to service, maintain, repair, reconstruct and replace said lines and facilities; provided, however, that the exercise of such rights shall not unreasonably interfere with Grantee's reasonable use and enjoyment of the Land.
- C. Any and all water, water rights or interests therein appurtenant or relating to the Land or owned or used by Grantor in connection with or with respect to the Land (no matter how acquired by Grantor), whether such water rights shall be riparian, overlying, appropriative, littoral, percolating, prescriptive, adjudicated, statutory or contractual, together with the right and power to explore, drill, redrill, remove and store the same from or in the Land or to divert or otherwise utilize such water, rights or interests on any other property owned or leased by Grantor; but without, however any right to enter upon the surface of the Land or the upper five hundred (500) feet of the subsurface of the Land in the exercise of such rights.
- D. Nonexclusive easements in gross on, over and under the Land for the construction, installation and maintenance of communication systems, electric, gas, telephone, water, sewer and drainage facilities within publicly dedicated streets (and customary hook-ups from such streets to Residences), provided that the construction and installation of such facilities shall not unreasonably interfere with Grantee's development of the Land. Except as such easements have been conveyed to a utility company or other public or quasi-public entity, said easements in favor of Grantor shall automatically terminate and be of no further force or effect as to any portion of the Land upon the conveyance thereof to a buyer or other transferee who is entitled to receive by reason of such conveyance a Subdivision Public Report pursuant to California Business and Professions Code Section 11018.2 or any similar statute hereafter in effect, or upon conveyance to an association whose members consist in whole or in part of such buyers or other transferees.

#### SUBJECT TO:

- 1. General and special real property taxes and assessments and supplemental assessments, if any, for the current fiscal year.
- 2. That certain Declaration of Development Covenants, Conditions and Restrictions executed by Grantor herein as "Declarant" and covering the Land recorded concurrently herewith and any amendments thereto, and the covenants, conditions, restrictions, rights, reservations, benefits and burdens therein contained, each and all of which are hereby expressly incorporated herein by this reference.
- 3. All other covenants, conditions, restrictions, reservations, rights, rights-of-way, dedications, offers of dedication and easements of record or apparent.

hereafter written.

Dated: Jule 27, 2016 "GRANTOR":

BROOKFIELD 30069 LLC, a Delaware limited liability company

By: Its: Formula T. Wnitnery

By: Its:

IN WITNESS WHEREOF, Grantor has executed this Grant Deed on the day and year

BROOKFIELD 30069 I.C., a Delaware limited liability company

By:

Advian Foley

By:

Its:

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California                      | )                   |                       |                                                   |
|------------------------------------------|---------------------|-----------------------|---------------------------------------------------|
| County of Orange                         | )                   |                       |                                                   |
| On June 27, 2016                         | , before me, _      | Medaun Kneck          | le of the officer)                                |
| Notary Public, personally appeared       | Harran Foley        |                       |                                                   |
| who proved to me on the basis of satis   |                     |                       |                                                   |
| subscribed to the within instrument an   |                     |                       |                                                   |
| in his/her/their authorized capacity (ie |                     |                       |                                                   |
| the person(s), or the entity upon behalf | f of which the pers | son(s) acted, execute | ed the instrument.                                |
| I certify under PENALTY OF               |                     | r the laws of the St  | ate of California that                            |
| the foregoing paragraph is true and cor  | rect.               | *******               |                                                   |
| WITNESS my hand and officia              | al seal.            | = C                   | EAGAN KNECHT DMM.#2117799 mtary Public-California |
| Signature ( DO West                      |                     | My C                  | DRANGE COUNTY whith Exp. JUNE 29, 2019 Seat)      |

### ILLEGIBLE NOTARY SEAL DECLARATION

Government Code Section 27361.7

I certify under penalty of perjury that the notary seal on the document to which this statement attached reads as follows:

Name of Notary: MEAGAN KNECHT

Date Commission Expires: June 29, 2019

Notary Commission No: 2117799

County Where Bond Filed: Orange

Manufacturer/Vendor Identification No: ESI1

Place of Execution of the Declaration: Corona, CA

Date: 4-28-16

First American Title Company

mule

#### **ATTACHMENT "1"**

#### LEGAL DESCRIPTION OF THE LAND

REAL PROPERTY IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, DESCRIBED AS FOLLOWS:

LOTS 1 THROUGH 189, OF TRACT NO. 30069-2, AS SHOWN ON MAP ON FILE IN BOOK 424, PAGES 54 THROUGH 77, INCLUSIVE, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY, CALIFORNIA.

## Recording Requested By First American Title NHS

5/36536

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

CalAtlantic Group, Inc. 355 E. Rincon Street, Suite 300 Corona, California 92879 Attention: Martin Langpap DOC # 2016-0382107

09/02/2016 12:29 PM Fees: \$30.00 Page 1 of 6 Recorded in Official Records County of Riverside Peter Aldana Assessor-County Clerk-Recorder

\*\*This document was electronically submitted to the County of Riverside for recording\*\* Receipted by: CAROL #914

AND MAIL TAX STATEMENTS TO:

Same as above.

TRA 094-215
19DN: See EXHIBIT A"
DOCIMENTARY TRANSFER TAY: None

(Space Above Line For Recorder's Use Only)

This transfer results solely in a change in the method of holding title to the realty and the proportional ownership interests in the realty, whether represented by stock, membership interest, partnership interest, cotenancy interest, or otherwise, directly or indirectly, remain the same immediately after the transfer. R & T 11925(d).

This is a bonafide gift and the grantor received nothing in return. R & T 11911.

#### **GRANT DEED**

FOR VALUE RECEIVED, RYLAND HOMES OF CALIFORNIA, INC., a Delaware corporation ("Grantor"), hereby grants to CALATLANTIC GROUP, INC., a Delaware corporation ("Grantee"), all that certain real property situated in County of Riverside, State of California, legally described on Exhibit "A" attached hereto (the "Property"), together with (a) all improvements owned by Grantor and located on the Property and all fixtures contained in any such improvements, and (b) any and all easements, rights-of-way, privileges, rights and appurtenances benefiting, appertaining or belonging to the Property, including, without limitation, any and all streets and roads (whether opened or proposed) abutting the Property, and, to the extent owned by Grantor, riparian rights, water or water rights and stock evidencing any such water rights, and/or oil, gas or other minerals laying under the Property.

[signature page follows]

IN WITNESS WHEREOF, Grantor has executed this Grant Deed as of September 12016.

#### **GRANTOR**:

RYLAND HOMES OF CALIFORNIA, INC., a Delaware corporation

Name: Martin Langpap

Title: Operational Vice President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| County of Onange )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |
| On 9-1-16, before me, Aathley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sh Villari.                                     |
| On 9-1-16, before me, Althur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nd title of the officer)                        |
| Notary Public, personally appeared Mortin Sangpa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and title of the officer)                       |
| who proved to me on the basis of satisfactory evidence to be the person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (e) whose name(e) is ate                        |
| subscribed to the within instrument and acknowledged to me that he she                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of they executed the same                       |
| in his her/their authorized capacity(jes), and that by his/her/their signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |
| person(s), or the entity upon behalf of which the person(s) acted, execute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d file histrament.                              |
| I certify under PENALTY OF PERJURY under the laws of the S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tate of California that the                     |
| foregoing paragraph is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CATCH EEN M. VILLAGO                            |
| Torogonia paragraphi is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Commission # 2128563 Notary Public - California |
| WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MIST CASSO COURTY #                             |
| The state of the s | My Comm. Expires Oct 28, 2019                   |
| and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |
| Signature Kairliew M Vielari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Seal)                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KATHLEEN M. VILLARI                             |
| 363                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Commission # 2128583 Notary Public - California |
| N. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M/7 Orange County &                             |
| j 💮                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | My Comm. Expires Oct 28, 2019                   |

#### ILLEGIBLE NOTARY SEAL DECLARATION

#### Government Code Section 27361.7

I certify under penalty of perjury that the notary seal on the document to which this statement attached reads as follows:

Name of Notary: Kathleen M. Villari

Date Commission Expires: October 28, 2019

Notary Commission No: 2128583

County Where Bond Filed: Orange

Manufacturer/Vendor Identification No: NNA1

Place of Execution of the Declaration: Corona, CA

Date: September 2, 2016

First American Title Company

#### GOVERNMENT CODE 27361.7

I CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ILLEGIBLE PORTION OF THIS DOCUMENT, TO WHICH THIS STATEMENT IS ATTACHED READS AS FOLLOWS:

Area where the notary seal is stamped reads as follows:

"I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct".

PLACE OF EXECUTION: CORONA, CALIFORNIA

DATE: September 2, 2016

FIRST AMERICAN TITLE COMPANY

OSA-5136536

#### Exhibit "A"

#### **Legal Description**

Real property in the Unincorporated Area, County of Riverside, State of California, described as follows:

LOTS 1 THROUGH 189, INCLUSIVE, OF TRACT NO. 30069-2, IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS PER MAP RECORDED IN BOOK 424, PAGES 54 THROUGH 77, INCLUSIVE, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

APNS: 476-370-001 THROUGH 476-370-009, 476-371-001 THROUGH 476-371-006, 476-372-001 THROUGH 476-372-009; 476-380-001 THROUGH 476-380-015, 476-381-001 THROUGH 476-381-015, 476-382-001 THROUGH 476-382-007; 476-390-001 THROUGH 476-390-035, 476-391-001 THROUGH 476-391-020; 476-400-001 THROUGH 476-400-045, 476-401-001 THROUGH 476-410-010 THROUGH 476-410-022

### State of California

Secretary of State

### NAME CHANGE CERTIFICATE OF QUALIFICATION

#### C1801380

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify that on the 1st day of October, 2015, there was filed in this office an Amended Statement and Designation by Foreign Corporation whereby the corporate name of STANDARD PACIFIC CORP., a corporation organized and existing under the laws of Delaware, was changed to CALATLANTIC GROUP, INC. This corporation complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California and as of said date has been and is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 1, 2015.



ALEX PADILLA Secretary of State 1801380

YOUD

## Amended Statement By Foreign Corporation

FILED Gm Ke Secretary of State State of California

OCT 0 1 2015

| lu                                                                                         |
|--------------------------------------------------------------------------------------------|
| CalAtlantic Group, Inc.                                                                    |
| [Name of Corporation]                                                                      |
|                                                                                            |
|                                                                                            |
| a corporation organized and existing under the laws of Delaware                            |
| [State or Place of Incorporation]                                                          |
| and which is presently qualified for the transaction of intrastate business in the State o |
| California, makes the following statement:                                                 |
| That the name of the corporation has been changed to that hereinabove set forth and        |
| that the name relinquished at the time of such change was                                  |
| Standard Pacific Corp.                                                                     |
|                                                                                            |
|                                                                                            |

[Signature of Corporate Officer]

John P. Babel, Secretary

[Typed Name and Title of Officer Signing]

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STANDARD PACIFIC CORP.", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "CALATLANTIC GROUP, INC." ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2015, AT 9:13 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF OCTOBER, A.D. 2015 AT 12:01 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

72271078 8320 SR#<sub>{</sub>20150335312



Authentication: 10162041

Date: 10-01-15

You may verify this certificate online at corp.delaware.gov/authver.shtml



I hereby certify that the foregoing transcript of \_\_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

ÓCT 0 1 2015

Date:\_\_\_\_

Olu Zoll

ALEX PADILLA, Secretary of State

## PARTIAL ASSIGNMENT AND ASSUMPTION OF IMPROVEMENT CREDIT/REIMBURSEMENT AGREEMENT

#### RECITALS

- A. Assignor is a "Developer" under that certain agreement titled "Partial Assignment and Assumption of Improvement and Credit/Reimbursement Agreement, Transportation Uniform Mitigation Fee Program" dated as of April 1, 2014 (Contract No. 14-03-001) (the "TUMF Assignment Agreement") with respect to that certain real property described in Exhibit A attached hereto (the "Assigned Property"), which comprises a portion of the Project. The Assigned Property contains 189 single-family residential units. Any capitalized term used but not otherwise defined herein shall have the meaning ascribed thereto in the TUMF Agreement.
- B. Assignor and Assignee are parties to that Real Estate Purchase and Sale Contract (the "Contract") dated as of June 28, 2016, respecting the sale of the Assigned Property.
- C. Assignor desires to assign to Assignee all of Assignor's rights to Credit against the TUMF Obligation under the TUMF Agreement relating to the Assigned Property, and Assignee desires to assume all of Assignor's obligations thereunder relating to the Assigned Property and such Credit, all on the terms and conditions set forth below.
- D. County is an express intended beneficiary of the rights, duties and obligations undertaken by Assignor and Assignee.

#### **AGREEMENT**

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor and Assignee hereby agree as follows:

- 1. Assignor hereby assigns to Assignee all of Assignor's rights, title, interest, and obligations in and under the TUMF Agreement to the extent relating to the Assigned Property, including, without limitation, the TUMF Credit in an amount equal to the Assignee's TUMF Obligation up to \$8,873 per each single-family residential unit within the Assigned Property. At no time will the TUMF Credit exceed the Assignee's TUMF Obligation. The Assignee agrees that should the TUMF in effect on the date a certificate of occupancy is secured for each single-family residential unit is greater than a TUMF Credit of \$8,873 per said unit, the Assignee shall pay the differential amount in cash prior to securing the certificate of occupancy for said unit.
- 2. Assignee hereby accepts this Assignment and agrees to be bound by all applicable provisions of the TUMF Agreement with respect to the Assigned Property.

3. Assignor hereby covenants that it will, at any time and from time to time upon written request therefor, but at no out-of-pocket cost to Assignor, execute and deliver to Assignee, its nominees, successor and/or permitted assigns, any new or confirmatory instructions and do and perform any other acts which Assignee, its nominees, successors and/or assigns, may reasonably request in order to fully transfer and assign such rights of Assignor in and under the TUMF Agreement to such Credit with respect to the Assigned Property.

This Assignment shall be binding upon and inure to the benefit of the successors and assignees of all respective parties hereto. All rights, title, and interest to all benefits accruing under this Assignment shall only be assigned to a subsequent assignee pursuant to the execution of an assignment and assumption agreement among the subsequent assigner, the subsequent assignee and the County, in a form acceptable to the County, whereby the parties consent to such assignment and the subsequent assignee expressly agrees to assume all duties, liabilities, obligations or responsibilities under the TUMF Agreement and to be bound thereby.

This Assignment shall be governed by and construed in accordance with the laws of the State of California.

This Assignment may be executed in counterparts, each of which shall constitute an original and which collectively shall constitute one instrument.

[Signature page follows]

IN WITNESS WHEREOF, Assignor and Assignee have executed and delivered this Assignment as of the day and year first above written.

#### **ASSIGNOR:**

#### **ASSIGNEE:**

Name: Martin Langpap

Title: President

By:

Delaware

Brookfield 30069 LLC, a Delaware limited CalAtlantic Group Inc., liability company corporation

By:

By: Name: Adrian Foley Title: President

By: Name: William B. Seith

Title: Secretary

COUNTY OF RIVERSIDE:

Chairman, County Board of Supervisors

APPROVED AS TO FORM:

County Counsel

Leila Moshref-Danesh

ATTEST:

Kecia Harper-Ihem Clerk of the Board

#### **ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California County of Riverside                                                                                                  | )                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On January 31, 2017 before                                                                                                               | me, Karen Cuttrell, Notary Public (insert name and title of the officer)                                                                                                                                              |
| personally appeared Martin Langpap                                                                                                       |                                                                                                                                                                                                                       |
| who proved to me on the basis of satisfactors subscribed to the within instrument and ack his her/their authorized capacity(ies), and to | ory evidence to be the person(s) whose name(s) is lare knowledged to me that he she/they executed the same is hat by his her/their signature(s) on the instrument the h the person(s) acted, executed the instrument. |
| I certify under PENALTY OF PERJURY un paragraph is true and correct.                                                                     | der the laws of the State of California that the foregoing                                                                                                                                                            |
| WITNESS my hand and official seal.                                                                                                       | KAREN CUTTRELL Commission # 2075995 Notary Public - California Riverside County My Comm. Expires Jul 27, 2018                                                                                                         |
| Signature Tille / John                                                                                                                   | (Seal)                                                                                                                                                                                                                |

A notary public or other officer completing this certificate verified only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| STATE OF CALIFORNIA )                                                |                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY OF Orange                                                     | SS.                                                                                                                                                                                                                                  |
| , who proved to me on the is/are subscribed to the within instrument | basis of satisfactory evidence to be the person whose name is and acknowledged to me that he/she(the) executed the same in that by his/her(their) signature (5) on the instrument the person son (6) acted, executed the instrument. |
| I certify under PENALTY OF PERJURY paragraph is true and correct.    | Y under the laws of the State of California that the foregoing                                                                                                                                                                       |
| WITNESS my hand and official seal.                                   | 4                                                                                                                                                                                                                                    |

Notary Public

#### **EXHIBIT A**

#### **DESCRIPTION OF ASSIGNED PROPERTY**

Tract No. 30069-2

Real property in the Unincorporated Area, County of Riverside, State of California, described as follows:

LOTS 1 THROUGH 189, INCLUSIVE, OF TRACT NO. 30069-2, IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS PER MAP RECORDED IN BOOK 424, PAGES 54 THROUGH 77, INCLUSIVE, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

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Feet 500 1,000 2,000

1 inch = 1,042 feet
Orthophotos Flown 2/11 (WR, CV) or 4/07 (REMAP, Blythe)
Printed by almedina on 1/24/2017

Tract 30069-2 Vicinity Map The County of Riverside assumes no warranty or legal responsibility for the information contained on this map. Data and information represented on this map is subject to updates, modifications and may not be complete or appropriate for all purposes. County GIB and other sources should be queried for the most ourrent information. Do not copy or reset this map.



