Subdivision: MS 23-0014 Bond No.: GFB7475859 Premium: \$300.00 2 Year Term Any claim under this Bond should be sent to the following address: Old Republic Surety Company 515 W. Landscape Place, Ste. 102 Sioux Falls, SD 57108

### IMPROVEMENT SECURITY BOND FOR SUBDIVISION AGREEMENT

(Performance, Guarantee and Payment)

(Gov. Code, §	§ 66499-66499 <sub>*</sub> 10)	
install and pay for street, drainage and other improvements in Subdivision MS 23-0 time specified for completion in the Subdivision Agreement, all in accordance with the Final Map or Parcel Map for said subdivision. Under the terms of the Superformance of the Subdivision Agreement and payment to laborers and material	has executed an agreement with the County of Contra Costa (hereinafter 'County') to but a specified in the Subdivision Agreement, and to complete said work within the hastate and local laws and rulings thereunder in order to satisfy conditions for filing of ibdivision Agreement, Principal is required to furnish a bond to secure the faithful men.	
2. OBLIGATION. Zackary and Mariela Onisko	, as Principal,	
and Old Republic Surety Company	, a corporation organized and existing	
under the laws of the State of Wisconsin	and authorized to transact surety business in California, as Surety, hereby jointly and	
severally bind ourselves, our heirs, executors, administrators, successors and as	signs to the County of Contra Costa, California to pay it:	
(A. Performance and Guarantee) Five thousand an (\$ 5,000.00 ) for itself or any city assignee under the above Subdivi	d 00/100 Dollars sion Agreement.	
(B. Payment) Three thousand and 00/100		
(§ 3,000.00 ) to secure the claims to which reference is made in Till State of California.	Dollars	
3. CONDITION. This obligation is subject to the following con	ndition.	
administrators, successors or assigns, shall in all things stand to and abide by,	2.(A) above is such that if the above bounded Principal, his or its heirs, executors, and well and truly keep and perform the covenants, conditions and provisions in the eir part, to be kept and performed at the time and in the manner therein specified, and d save harmless the County of Contra Costa (or city assignee), its officers, agents and otherwise it shall be and remain in full force and effect.	
As part of the obligation secured hereby and in addition expenses and fees, including reasonable attomey's fees, incurred by the County taxed as costs and included in any judgment rendered.	to the face amount specified therefor, there shall be included costs and reasonable of Contra Costa (or city assignee) in successfully enforcing such obligation, and to be	
firmly bound unto the County of Contra Costa and all contractors, subcontract aforesaid Subdivision Agreement and referred to in the aforesaid Civil Code Unemployment Insurance Act with respect to this work or labor, and that the Su and also in case suit is brought upon this bond, will pay, in addition to the fa	(B) above, is such that said Principal and the undersigned as corporate surety are held tors, laborers, materialmen and other persons employed in the performance of the for materials furnished or labor thereon of any kind, or for amounts due under the rety will pay the same in an amount not exceeding the amount hereinabove set forth, ce amount thereof, costs and reasonable expenses and fees, including reasonable excessfully enforcing such obligation, to be awarded and fixed by the court, and to be	
It is hereby expressly stipulated and agreed that this bond to file claims under Title 15 (commencing with Section 3082) of Part 4 of Division brought upon this bond.	shall inure to the benefit of any and all persons, companies, and corporations entitled n 3 of the Civil Code, so as to give a light of action to them or their assigns in any suit	
Should the condition of this bond be fully performed, then and effect.	this obligation shall become null and void; otherwise it shall be and remain in full force	
thereunder or any plan or specifications of said work, agreed to by the Principal and this bond; and consent is hereby given to make such change, extension of	addition to the terms of said Subdivision Agreement or the work to be performed and the County of Contra Costa (or city assignee) shall relieve any Surety from liability time, alteration or addition without further notice to or consent by Surety; and Surety without regard to and independently of any action against the Principal whenever taken.	
SIGNED AND SEALED on June 4 . 20 25 .		
Principal: Zackary and Mariela Onisko	Surely: Old Republic Surety Company	
Address: 279 Smith Road	Address: 2121 N. California Blvd., Ste. 625	
Alamo, CA Zip: 94507	Walnut Creek, CA Zip: 94596	
By. And Oh O	By: Hathlen Earle  Reint Name: Kathleen Earle	
Print Name. Zackary and Mariela Onisko	Fillit Ranie.	
Tal. Owners	Title Attorney-in-Fact	

[Note: All signatures must be acknowledged. For corporations, two officers must sign. The first signature must be that of the chairman of he board, president, or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer, or assistant treasurer. (Civ. Code, § 1190 and Corps. Code, § 313.)]

Form Approved by County Counsel [Rev. 1/05]



#### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Mark M. Munekawa, Kelly Holtemann, Nerissa S. Bartolome, Yvonne Roncagliolo, Christina Parsons, Patrick R. Diebel,

Karen Rhodes, Andrew S. Holloway, Valerie Takeuchi, Kathleen Earle, Rossio Polio Canas Nathalia P. Sholl, Lucy M. Dunham of San Francisco, CA

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, or black lung bonds), as follows:

### ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that, the president, any vice-president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

signature and seal when so used shall h				singulation of the control	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
IN WITNESS WHEREOF, OLD REPU	BLIC SURETY COMPANY ha	s caused these presents to	be signed by its proper	officer, and its corp	orate seal to be
	January	2025		IC SURETY COMF	
Kaung Haffu	<u> </u>	SEAL SEAL	Men	Mic	
STATE OF WISCONSIN, COUNTY OF WAL	IKESHA - SS	The state of the s			
On this 9th day of and Karen J Haffner who executed the above instrument, and the they are the said officers of the corporation a and their signatures as such officers were during the signature.	, to me ey each acknowledged the exe foresaid, and that the seal affix	ecution of the same, and be ked to the above instrument	s and officers of the OL ing by me duly sworn, is the seal of the corpo	D REPUBLIC SURE did severally depos oration, and that said	e and say: that I corporate seal
		OTARA OUBLIO	Kolluzo	Notary Public September 28	
CERTIFICATE			ion of notary's commiss	OCOCOTTION -	
I, the undersigned, assistant secretary Power of Attorney remains in full force and Attorney, are now in force.	of the OLD REPUBLIC SURE I has not been revoked; and	ETY COMPANY, a Wiscons	in corporation, CERTI	FY that the foregoin	g and attached
31 1750 SEAL	Signed and sealed at the Cit	y of Brookfield, WI this	4th day of _	June Ox Haffre	2025 <u>2025</u>
ORSC 22262 (3-05)		-	Ass	is.V.nt SecretaV/	

# CALIFORNIA ACKNOWLEDGMENT

A notary public or other officer completing this certificate veri to which this certificate is attached, and not the truthfulness	ifies only the identity of the individual who signed the document s, accuracy, or validity of that document.
State of California	
County of Contra Costa	
IIIM / 200r	
On before me,	Christina Parsons, Notary Public
	Here Insert Name and Title of the Officer
personally appeared Kathleen Earle	
	Name(s) of Signer(s)
who proved to me on the basis of satisfactory eviden to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their sign upon behalf of which the person(s) acted, executed the same content is the content of which the person(s) acted.	nature(s) on the instrument the person(s), or the entity
CHRISTINA PARSONS Notary Public - California Contra Costa County Commission # 2479548 My Comm. Expires Feb 10, 2028	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.
Place Notary Seal and/or Stamp Above	Signature of Notary Public
	deter alteration of the document or
	form to an unintended document.
Description of Attached Document Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)  Signer's Name:	Signer's Name:  Corporate Officer – Title(s):  Partner – Chrited General Individual Attorney in Fact Trustee Guardian or Conservator Other:
Signer is Representing:	Signer is Representing:

## CALIFORNIA ACKNOWLEDGMENT

CALIFORNIA ACKNOWLEDGMENT	CIVIL CODE § 1189
	8×21124040-019×010×0104040-01040-01040-01040-01040-01040-01040-01040-01040-01040-01040-01040-01040-01040-01040 
A notary public or other officer completing this certificate veri to which this certificate is attached, and not the truthfulness	fies only the identity of the individual who signed the document , accuracy, or validity of that document.
State of California  County of CONTYAL COSTA  On OGOUP 2025 before me ON Date  personally appeared Marula C	Here Insert Name and Title of the Officer  Name(s) of Signer(s)
who proved to me on the basis of satisfactory evident to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their signs upon behalf of which the person(s) acted, executed the	ature(s) on the instrument the person(s), or the entity
CHRISTINA PARSONS Notary Public - California Contra Costa County Commission # 2479548 My Comm. Expires Feb 10, 2028	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.
Place Notary Seal and/or Stamp Above	Signature of Notary Public
OPTI	ONAL —
	deter alteration of the document or form to an unintended document.
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
□ Corporate Officer – Title(s):	Gorporate Officer – Title(s):
☐ Partner — ☐ Limited ☐ General☐ Individual☐ Attorney in Fact☐	☐ Partner ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
□ Other:	□ Other:
Signer is Representing:	

\$1500 B \$1500

## **CALIFORNIA ACKNOWLEDGMENT**

15/0/0/0/06550/3550/0650/060/0/0/0/0/0/0/0/0/0/0/0/0/0/0	ABRONOMONONOROMONOMONOMONOMONOMONOMONOMONO			
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 Ontracosta  On Duloy 2025 before me, Christina Parsons, Notay Public  Date Here Insert Name and Title of the Officer  personally appeared Zackary Onisko  Name(s) of Signer(s)  who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.				
CHRISTINA PARSONS Notary Public - California Contra Costa County Commission # 2479548 My Comm. Expires Feb 10, 2028	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  Signature			
Place Notary Seal and/or Stamp Above	Signature of Notary Public			
Completing this information can a fraudulent reattachment of this Description of Attached Document	deter alteration of the document or form to an unintended document.			
Title or Type of Document:	Number of Pages:			
Document Date:	Number of Pages:			
Capacity(ies) Claimed by Signer(s)  Signer's Name:  Corporate Officer – Title(s):  Partner – Limited General  Individual Attorney in Fact  Trustee Guardian or Conservator  Other:  Signer is Representing:	☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other:			