When recorded, return to: Clerk of the Board P.O. Box 827 Florence AZ 85132

RESOLUTION NO.	
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A RESOLUTION OF THE PINAL COUNTY, ARIZONA, BOARD OF SUPERVISORS ACCEPTING INTO THE PINAL COUNTY HIGHWAY MAINTENANCE SYSTEM THE STREETS ASSOCIATED WITH BELLA VISTA TRAILS-UNIT 2, LOCATED IN A PORTION OF THE LAND LOCATED IN THE NORTHEAST QUARTER OF SECTION 34, TOWNSHIP 3 SOUTH, RANGE 8 EAST, SUPERVISORY DISTRICT 2, RELEASING THE **CURRENT** FINANCIAL ASSURANCE, **ACCEPTING** THE TEN PERCENT **GUARANTEE BOND** (MAINTENANCE BOND NO. 30238294).

WHEREAS, pursuant to A.R.S. § 11-822, Pinal County has authority to accept subdivision streets into the Pinal County Highway Maintenance System; and,

WHEREAS, this matter has been brought before the Pinal County Board of Supervisors (the "Board") by a request by the subdivision developer (the "Developer") and recommended by the Director of Public Works; and,

WHEREAS, the Pinal County Department of Public Works (the "**Department**") has found as follows:

- 1. All required subdivision improvements for Bella Vista Trails-Unit 2 have been completed in accordance with Pinal County standards of design and construction (the "Subdivision Improvements");
- 2. Street and drainage design is in accordance with Pinal County standards for design and construction;
- 3. Construction of the Subdivision Improvements has been monitored by the Department;
- 4. Certified as-built Mylars have been submitted by the Developer and accepted by the Department;
- 5. The required pavement finishing fee has been accepted by the Department;
- 6. Street rights-of-way have been duly dedicated; and

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RESOLUTION NO.	
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WHEREAS, provision has been made by law and ordinance whereby the Developer shall provide security to guarantee against damage to the Subdivision Improvements by on-site construction for a period of one year after acceptance of the Subdivision Improvements by the Board.

NOW, THEREFORE, BE IT RESOLVED that the Subdivision Improvements are hereby accepted.

BE IT FURTHER RESOLVED, that the streets identified and dedicated to the public in the Final Plat for Bella Vista Trails - Unit 2, located in a portion of the Northeast Quarter of Section 34, Township 3 South, Range 8 East, Supervisory District 2, Pinal County, Arizona are hereby accepted into the Pinal County Highway Maintenance System.

BE IT FURTHER RESOLVED, that Meritage Homes Construction, Inc. is hereby released from the Subdivision Improvement Performance Bond for Construction of Subdivision Improvements (Bond No. 7901116880).

BE IT FURTHER RESOLVED, that Ten Percent Guarantee Bond (Maintenance Bond No. 30238294) in the amount of One Hundred Forty Five Thousand One Hundred Sixty Four Dollars and 00/100 (\$145,164.00) issued by The Continental Insurance Company attached hereto as **Exhibit "A"** is hereby accepted upon execution of this Resolution.

BE IT FURTHER RESOLVED, that this Resolution shall become effective upon its recording with the Office of the County Recorder, Pinal County, Arizona.

	· ·	, ,	
PINAI	PASSED AND ADOPTED this COUNTY BOARD OF SUPERVISORS		, 2025, by the
Chair o	of the Board		
ATTE	ST:		

Clerk/Deputy Clerk of the Board

APPROVED AS TO FORM.

Deputy County Attorney

wor

EXHIBIT "A" TO

RESOLUTION NO.

Ten Percent Guarantee Bond

[Maintenance Bond No. 30238294]

The Continental Insurance Company Surety's Name

MAINTENANCE BOND Bond No. 30238294

KNOW ALL MEN BY THESE PRESENTS, That we, Met	ritage Homes Constructio	on, Inc.	
	Principal's Nan	ne	
18655 N Claret Drive, Ste. 400, Scottsdale, AZ 852 Principal's Address	55, hereinaf	ter called Principal, an	d
	51 N. Franklin Street, Ch	ninggo II 60606	
Surety's Name	Surety's Addre		
hereinafter called Surety, are held and fi	-	Pinal County	
85 N Florence Street, Florence, AZ 85132 Obligee's Address		Obligee's Name , hereinafter calle	ed Obligee, in
the full and just sum of One Hundred Forty Five Tho	usand One Hundred Sixty F	our and 00/100	Dollars
(\$ <u>145,164.00</u>), lawful money of the Ur			
our heirs, administrators, executors, successor presents.			
WHEREAS, said Obligee has entered into a certa	ain agreement with Me	eritage Homes Construc	tion, Inc.
		Principals Name	
a portion of which requires a One (1) year(s) ma	aintenance bond cove	ering workmanship ar	nd materials
for the List of Improvements covered, hereinaft	er called Improvemen	ts, at Bella Vista T	
		Project Name	-
Unit 2, Bella Vista Road an	d Gantzel Road, wł	nich Improvements ha	ive been or
Project Addr	ess		
are about to be completed and accepted.			
NOW, THEREFORE, if said improvements shall general wear and tear excepted, for a period of	be free from defects	s of workmanship an	d materials,
improvements, then this obligation shall be null	and void: otherwise t	m the date of accept	ance of said
mprovements, then this obligation shall be figh	and void, otherwise to	J remain in full force a	and effect.
Signed, sealed and dated this 14th	day ofFebrua	ry , 2025	
	Meritage Homes Co	onstruction, Inc.	· · · ·
	Prin	cipal's Name	
	a r	71	
1000	By:		
Witness as to Principal Kyle McKee	O		Tulk lational Land
	The Continental Ins	urance Company	
	Surety's Name		
Sium Nava	By: Acu 7.0	Nou	
Witness as to Surety Sinem Nava	11/10/11/11	James I Moore, Attorney	

^{**}ALSO REQUIRED IS A NOTARY SHEET FOR THE ABOVE SURETY'S SIGNATURE AND A COPY OF ANY POWER OF ATTORNEY**

STATE OF ILLINOIS

COUNTY OF DUPAGE}

On <u>February 14, 2025</u>, before me, <u>Lisa Marotta</u>, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared, <u>James I Moore</u> known to me to be Attorney-in-Fact of <u>The Continental Insurance Company</u> the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires, February 7, 2026

Commission No.946275

Lisa Marotta, Notary Public

OFFICIAL SEAL LISA MAROTTA NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires February 7, 2026

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That The Continental Insurance Company, a Pennsylvania insurance company, is a duly organized and existing insurance company having its principal office in the City of Chicago, and State of Illinois, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

James I Moore, Stephen T Kazmer, Dawn L Morgan, Melissa Schmidt, Amy Wickett, Kelly A Gardner, Jennifer J Mc Comb, Tariese M Pisciotto, Diane M Rubright, Martin Moss, Individually

of Downers Grove, IL, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the insurance company and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Board of Directors of the insurance company.

In Witness Whereof, The Continental Insurance Company has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 20th day of June, 2021.



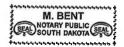
The Continental Insurance Company

Paul T. Bruflat

Nice President

State of South Dakota, County of Minnehaha, ss:

On this 20th day of June, 2021, before me personally came Paul T. Bruflat to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of The Continental Insurance Company, a Pennsylvania insurance company, described in and which executed the above instrument; that he knows the seal of said insurance company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said insurance company and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance company.



My Commission Expires March 2, 2026

M. Bent

Bent Notary Public

CERTIFICATE

I, D. Johnson, Assistant Secretary of The Continental Insurance Company, a Pennsylvania insurance company, do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Law and Resolution of the Board of Directors of the insurance company printed on the reverse hereof is stillin force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance company this 14th day of February, 2025.



The Continental Insurance Company

D. Johnson

Assistant Secretary

Form F6850-4/2012

Authorizing By-Laws and Resolutions

ADOPTED BY THE BOARD OF DIRECTORS OF THE CONTINENTAL INSURANCE COMPANY:

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the Board of Directors of the Company at a meeting held on May 10, 1995.

"RESOLVED: That any Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Group Vice President to the Secretary of the Company prior to such execution becoming effective.

This Power of Attorney is signed by Paul T. Bruflat, Vice President, who has been authorized pursuant to the above resolution to execution power of attorneys on behalf of The Continental Insurance Company.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012.

"Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"), Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

ALI	-PURPOSE ACKNO	WLEDGEMENT
A notary public or other officer completing verifies only the identity of the individual document to which this certificate is attact truthfulness, accuracy, or validity of that of	who signed the hed, and not the	
STATE OF ARIZONA)SS	
COUNTY OF MARICOPA)	
	fore me, Julie Clark	, Notary Public, personally appeared
Glen Tulk, SVP, Nationa		(2) where are (2) is four as beguined to the within
instrument and acknowledged to me that	he/she/they executed the s	e person(s) whose name(s) is/are subscribed to the within same in his/her/their authorized capacity(ies), and that but tity upon behalf of which the person(s) acted, executed the
I certify under PENALTY OF PERJURY under	the laws of the State of Arizo	zona that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.		JULIE CLARK NOTARY PUBLIC - ARIZONA
Signature Julie Clari		MARICOPA COUNTY COMMISSION # 677679 MY COMMISSION EXPIRES NOVEMBER 29, 2028
		This area for official notarial seal.
	CAPACITY CLAIMED B	OTARY ACKNOWLEDGEMENT BY SIGNER ing so may prove invaluable to persons relying on the
INDIVIDUAL	E	
CORPORATE OFFICER(S) TITLE(S)	CENTED !	
PARTNER(S) LIMITED	GENERA	(AL
ATTORNEY-IN-FACT		
TRUSTEE(S)		
GUARDIAN/CONSERVATOR		
OTHER		
SIGNER IS REPRESENTING:		
Name of Person or Entity	P	Name of Person or Entity
		OTARY ACKNOWLEDGEMENT Ild prevent fraudulent reattachment of this form.
THIS CERTIFICATE MUS	ST BE ATTACHED TO TH	HE DOCUMENT DESCRIBED BELOW
TITLE OR TYPE OF DOCUMENT:		
NUMBER OF PAGES	DATE OF DOCUMEN	NT
SIGNER(S) OTHER THAN NAMED ABOVE		

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