## PETITION FOR THE ANNEXATION

#### OF CERTAIN PRESCRIBED PROPERTY TO

COMMUNITY FACILITIES DISTRICT NO. 94-01 (HESPERIA)

### TO THE BOARD OF DIRECTORS OF THE SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT:

Pursuant to Section 53339.2 of the California Government Code, the undersigned, as the authorized		
representative of Robert Sohn Sargent (the "Owner"), hereby represents and		
petitions as follows:		
1. The Owner is the sole owner of the real property (the "Subject Property") identified as Assessor's Parcel Number(s)		
which real property is situated within the San Bernardino County Fire Protection District.		
2. The Owner hereby petitions this Board of Directors (this "Board") to (a) initiate and conduct legal		
proceedings pursuant to the provisions of the Mello-Roos Community Facilities Act of 1982,		
(Section 53311 et seq. of the California Government Code) (the "Act"), for the annexation of the		
Subject Property to the existing Community Facilities District No. 94-01 (Hesperia) ("CFD No. 94-		
01") and (b) conduct a landowner election in accordance with the Act to obtain authorization to		
annex the Subject Property to CFD 94-01 and thereby authorize to levy the previously-established		
special tax for fire suppression services of CFD 94-01 on the Subject Property.		
Respectfully Submitted,		
By: Signature		
Robert John Sargent Jowner Printed Name and Title		
6-21-27 Date		

Standard California Notary Acknowledgment Form Attached

## **CALIFORNIA ALL- PURPOSE** CERTIFICATE OF 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.

County of Dan Ochardino	· }			
On June 21, 2022 before me, K. Para-H 11 tag Public,				
personally appeared Robert Jo	hn Sargent			
who proved to me on the basis of satisfa- name(s) is/are subscribed to the within in he/s/he/they executed the same in his/he/	ctory evidence to be the person(s) whose nstrument and acknowledged to me that r/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of			
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corre	under the laws of the State of California that ect.			
WITNESS my hand and official seal.	K. PARRETT			
& Pount	COMM. #2366960 NOTARY PUBLIC - CALIFORNIA SAN BERNARDINO COUNTY My Comm. Expires July 21, 2025			
Notary Public Signature (Nota	ary Public Seal)			
•	DIGEDIACTIONS FOR COMMUNICATIONS			
DESCRIPTION OF THE ATTACHED DOCUMENT  Petition for the Auntion  (Title or description of attached document)  Of Do Lition Diescription of attached document continued).  To many ty facilities distributed to the period of Pages  Number of Pages  Document Date 6-71-22	if needed, should be completed and attached to the document. Acknot from other states may be completed for documents being sent to that as the wording does not require the California notary to violate Callaw.  State and County information must be the State and County when signer(s) personally appeared before the notary public for acknowl.  Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed.  The notary public must print his or her name as it appears we commission followed by a comma and then your title (notary public Print the name(s) of document signer(s) who personally appear notarization.			
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer (Title)	<ul> <li>Indicate the correct singular or plural forms by crossing off incorhe/she/they, is /are) or circling the correct forms. Failure to correct information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographicall Impression must not cover text or lines. If seal impression smud sufficient area permits, otherwise complete a different acknowledge.</li> </ul>			
☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other	<ul> <li>Signature of the notary public must match the signature on file with the county clerk.</li> <li>Additional information is not required but could help acknowledgment is not misused or attached to a different of Indicate title or type of attached document, number of page Indicate the capacity claimed by the signer. If the claimed corporate officer, indicate the title (i.e. CEO, CFO, Secreta</li> </ul>			

State of California

-	K. PARRETT
UE	COMM. #2366960
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X \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SAN BERNARDING COUNTY
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#### INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary

- · State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
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- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

# PETITION FOR THE ANNEXATION OF CERTAIN PRESCRIBED PROPERTY TO COMMUNITY FACILITIES DISTRICT NO. 94-01 (HESPERIA)

Pursuant to Section 53339.2 of the California Government Code, the undersigned, as the authorized representative of

#### TO THE BOARD OF DIRECTORS OF THE SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT:

	Jennifer Camp	os (the "Owner"), hereby represents and petitions as follows:
1.	The Owner	is the sole owner of the real property (the "Subject Property") identified as Assessor's Parcel
	Number(s)	0405-961-07-0000 which
	real propert	y is situated within the San Bernardino County Fire Protection District.
2.	The Owner h	nereby petitions this Board of Directors (this "Board") to (a) initiate and conduct legal proceedings
	pursuant to	the provisions of the Mello-Roos Community Facilities Act of 1982, (Section 53311 et seq. of the
	California Go	overnment Code) (the "Act"), for the annexation of the Subject Property to the existing Community
	Facilities Dis	trict No. 94-01 (Hesperia) ("CFD No. 94-01") and (b) conduct a landowner election in accordance
	with the Act	to obtain authorization to annex the Subject Property to CFD 94-01 and thereby authorize to levy
	the previous	ly-established special tax for fire suppression services of CFD 94-01 on the Subject Property.
	Respectfully	Submitted,
	1	20/10
	Ву: ///	enf (Car)
	Signatur	e /
	T	enniter Camps Monder
	Printed	Name and Title
	/	1/2005
	Poto	4-2023
	Date	

Standard California Notary Acknowledgment Form Attached

## CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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County of San Beknakdinu.	. }				
On January 04, 2023 before me, Dianna Espinora Notary Rublic, (Here insert name and title of the officer)					
personally appeared	Camps				
who proved to me on the basis of satisf name(s) is/are subscribed to the within he/she/they executed the same in his/h	factory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by tent the person(s), or the entity upon behalf of				
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.				
WITNESS my hand and official seal.	Dianna Espinoza COMM. #2408304 D				
1	SAN BERNARDINO COUNTY My Comm. Expires Jun. 16, 2026				
Notary Public Signature (Notary Public Seal)					
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ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING THIS I This form complies with current California statutes regarding nota.				
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Number of Pages Document Date	commission followed by a comma and then your title (notary publ  Print the name(s) of document signer(s) who personally appear notarization.				
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☐ Corporate Officer	The notary seal impression must be clear and photographicall Impression must not cover text or lines. If seal impression smud				
(Title)	sufficient area permits, otherwise complete a different acknowledg				
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☐ Attorney-in-Fact	<ul> <li>Additional information is not required but could help</li> </ul>				
☐ Trustee(s)	acknowledgment is not misused or attached to a different of Indicate title or type of attached document, number of page				
Other	Indicate the capacity claimed by the signer. If the claim.				
2015 Marsing many Material laggae yang SMASTERSAF	<ul> <li>corporate officer, indicate the title (i.e. CEO, CFO, Secreta</li> <li>Securely attach this document to the signed document with a stable</li> </ul>				

State of California

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