



**CEDARPINES PARK MUTUAL WATER CO.**

21853 CREST FOREST DR. P.O. BOX 9259 CEDARPINES PARK, CA. 92322 (909) 338-1821 FAX (909) 338-7311

**AFFIDAVIT LOST, STOLEN OR DESTROYED STOCK CERTIFICATE**

**STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO**

**TO THE CEDARPINES PARK MUTUAL WATER COMPANY, INC.:**

I/we, \_\_\_\_\_ do hereby state:  
(Insert name of Shareholder(s))

1. That I/we are the legal owner (s) of said property at: \_\_\_\_\_, Cedarpines Park, CA. 92322.
2. That I am/we are the legal and beneficial owner of \_\_\_\_\_ shares of the stock of Cedarpines Park Mutual Water Company represented by certificates described as follows:  
\_\_\_\_\_ shares, certificate number \_\_\_\_\_, issued to \_\_\_\_\_.
3. That said certificates were / were not (circle one) endorsed.
4. That I/we have not assigned, hypothecated, pledged, or in any other way disposed of either the stock certificate or my/our rights as a shareholder, in whole or in part.
5. That I am/we are entitled to full and exclusive possession of said certificates.
6. That said stock certificates have been lost, stolen or destroyed, and that the purpose of preparing this affidavit is to induce Cedarpines Park Mutual Water Company, Inc. to cancel my/our original share certificate that have been lost, stolen, or destroyed, and re-issue a new share certificate. I / we understand that I / we will be responsible for any fees associated with the cancelling of the original share certificate and re-issuing of a new stock certificate.
7. I/we hereby agree that the original stock certificate issued to me/us, will become null and void upon completion of this document, and a new stock certificate will be issued to replace the original stock certificate which has been lost, stolen or destroyed.
8. I/we hereby agree to surrender to Cedarpines Park Mutual Water Company, Inc. the original certificates issued to me/us should they hereafter come into my/our possession or control.

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If held jointly:  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please ensure that all signatures are executed in the presence of a Notary Public.

**Board of Directors**  
*President – Perry Dahlstrom*

*Vice-President – Ronald Albright*  
*Treasurer – Donald Pederson*

*Secretary – Wilfred Steiner*  
*Director – Paul Hartman*

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Here insert name and title of the officer)

personally appeared \_\_\_\_\_,

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.

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 of Notary Public

(Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

\_\_\_\_\_  
(Title or description of attached document)

\_\_\_\_\_  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

\_\_\_\_\_  
(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)  
 Corporate Officer

\_\_\_\_\_  
(Title)

- Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.*

- 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.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- 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