

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0514562
Insp Area: 3
Thos Bros: 317H4

Site Address: 5131 46TH ST SAC
Parcel No: 022-0132-007

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR

OWNER
HAWSE DOROTHY M/MARK A FRE
5131 46TH ST
SACRAMENTO, CA 95820

ARCHITECT

Nature of Work: RE-ROOF, TEAR OFF, INSTALL 20 SQ'S OF DIM LAM COMP***INPROGRESS INSPECTION
REQUIRED***

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date _____ Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

MF I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date 9/20/05 Owner Signature Mark Sealant

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 9/20/05 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____ Exp Date _____

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date _____ Applicant Signature _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - [X] all the work authorized by this permit.
B - [] a portion of the work.
C - [] none of the work.

CITY OF SACRAMENTO
DOWNTOWN PERMIT
CENTER
SEP 20 2005
RECEIVED

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- [] all of the authorized work. [] a portion of the authorized work.

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

3. [] I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner [Signature]

Date 9/20/05 Case No. _____ Permit No. _____

Job Address 5131 46th St Sacramento CA 95820

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.



CITY OF SACRAMENTO

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 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Fax # 916-264-1901

#0514562

MINOR PERMIT APPLICATION

Date: 5/20/05

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 5/31 46th St Sacto CA 95820 Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: MARK FREELAND Phone #: 3066000
 Property Owner: MARK FREELAND Address: 5/31 46th St Sacto CA 95820 Unit # Contract Price
 City/State/Zip: SACTO CA 95820 City/State/Zip: Phone: Fax:
 Phone: 916-457-1599 Pre-Registered? YES NO Registration #

Nature of Work: Provide description of work & indicate type of work in selections below.

<input type="checkbox"/> HVAC Installations (Residential Only)	<input type="checkbox"/> Water Heater (Residential Only)	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only)	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only)
<input type="checkbox"/> Change-out <input type="checkbox"/> New	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric Service Change # amps <u> </u>	<input type="checkbox"/> SMUD <input type="checkbox"/> PG&B
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Change-out	<input type="checkbox"/> New electric circuits	
<input type="checkbox"/> Package	<input type="checkbox"/> Electric to Gas	<input type="checkbox"/> Re-wire	
<input type="checkbox"/> Split system	<input type="checkbox"/> Relocate		
<input type="checkbox"/> Roof mount	<input type="checkbox"/> New		
<input type="checkbox"/> Cut-in			
<input type="checkbox"/> Heat pump or elect. unit to gas.			
<input type="checkbox"/> Wall furnace	<input type="checkbox"/> Dry Rot or Termitic Damage Repair	<input type="checkbox"/> Water Service Replacement	<input type="checkbox"/> NOTE * Correction Notice items will require an additional building permit.
<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Flooring/Joists	<input type="checkbox"/> Sewer Service Replacement	
Value of duct work: \$ <u> </u>	<input type="checkbox"/> Mudsill/Studs	<input type="checkbox"/> Gas Line Replacement	
Equipment: \$ <u> </u>	<input type="checkbox"/> Roof Structure	<input type="checkbox"/> Re-plumb	
Cut-in: \$ <u> </u>	<input type="checkbox"/> Exterior	<input type="checkbox"/> Water <input type="checkbox"/> Waste	

Description of Work:

<input checked="" type="checkbox"/> Reroof (excluding tile)	<input type="checkbox"/> HVAC Installations (Residential Only)	<input type="checkbox"/> Water Heater (Residential Only)	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only)	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only)
<input checked="" type="checkbox"/> Tear-Off	<input type="checkbox"/> Change-out <input type="checkbox"/> New	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric Service Change # amps <u> </u>	<input type="checkbox"/> SMUD <input type="checkbox"/> PG&B
<input type="checkbox"/> Resheet	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Change-out	<input type="checkbox"/> New electric circuits	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Garage	<input type="checkbox"/> Package	<input type="checkbox"/> Electric to Gas	<input type="checkbox"/> Re-wire	
# Stories: <u>20</u>	<input type="checkbox"/> Split system	<input type="checkbox"/> Relocate		
# Squares: <u>20 sqs</u>	<input type="checkbox"/> Roof mount	<input type="checkbox"/> New		
Material: <u>Comp 30yr</u>	<input type="checkbox"/> Cut-in			
<input type="checkbox"/> Siding	<input type="checkbox"/> Heat pump or elect. unit to gas.	<input type="checkbox"/> Dry Rot or Termitic Damage Repair	<input type="checkbox"/> Water Service Replacement	<input type="checkbox"/> NOTE * Correction Notice items will require an additional building permit.
<input type="checkbox"/> Wood	<input type="checkbox"/> Wall furnace	<input type="checkbox"/> Flooring/Joists	<input type="checkbox"/> Sewer Service Replacement	
<input type="checkbox"/> T-111	<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Mudsill/Studs	<input type="checkbox"/> Gas Line Replacement	
<input type="checkbox"/> Horiz	Value of duct work: \$ <u> </u>	<input type="checkbox"/> Roof Structure	<input type="checkbox"/> Re-plumb	
<input type="checkbox"/> Vinyl	Equipment: \$ <u> </u>	<input type="checkbox"/> Exterior	<input type="checkbox"/> Water <input type="checkbox"/> Waste	
<input type="checkbox"/> Stucco	Cut-in: \$ <u> </u>			

RECORDING REQUESTED BY:
Fidelity National Title Company
Escrow No.: 05-2002452-GB
Locate No.: CAFNT0934-0934-0071-0002002452
Title No.: 05-2002452

When Recorded Mail Document
and Tax Statement To:
Mark Freeland
5131 46th Street
Sacramento, CA 95820

CITY OF SACRAMENTO
DOWNTOWN PERMIT
CENTER
SEP 20 2005
RECEIVED

APN: 022-0132-007-0000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

The undersigned grantor(s) declare(s)

Documentary transfer tax is \$ City Transfer Tax is \$

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- Unincorporated Area City of Sacramento,

"This conveyance changes the manner in which title is held, grantor(s) and grantee(s) remain the same and continue to hold the same proportionate interest, R & T 11911."

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Mark A. Freeland, an unmarried man, who acquired title as a married man, as his sole and separate property

hereby GRANT(S) to Mark A. Freeland, an unmarried man and Dorothy M. Howse, an unmarried woman

the following described real property in the City of Sacramento, County of Sacramento, State of California:
Lot 168, as shown on the "Plat of Fruitridge Oaks Unit No. 3", recorded in Book 34 of Maps, Map No. 3, records of said County.

DATED: July 22, 2005

Mark A. Freeland
Mark A. Freeland

STATE OF CALIFORNIA
COUNTY OF Sacramento
ON 7/25/05 before me,
the undersigned Notary Public personally appeared
Mark A. Freeland

personally known to me (or 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.

Witness my hand and official seal.

Signature Gerri Beaton



MAIL TAX STATEMENTS AS DIRECTED ABOVE

PRELIMINARY CHANGE OF OWNERSHIP REPORT

[To be completed by transferee (buyer) prior to transfer of subject property in accordance with section 480.3 of the Revenue and Taxation Code.] A Preliminary Change of Ownership Report must be filed with each conveyance in the County Recorder's office for the county where the property is located; this particular form may be used in all 58 counties of California.

THIS REPORT IS NOT A PUBLIC DOCUMENT

FOR RECORDER'S USE ONLY

ESCROW NO.: 05-2002452-GB TITLE NO.: 05-2002452
LOCATE NO.: CAFNT0934-0934-0071-0002002452
SELLER/TRANSFEROR: Mark A. Freeland and Dorothy M. Howse
BUYER/TRANSFEEE:
ASSESSOR'S PARCEL NUMBER(S): 022-0132-007-000
PROPERTY ADDRESS OR LOCATION:
5131 46th Street, Sacramento, CA 95820
MAIL TAX INFORMATION TO:
Mark A. Freeland
5131 46th Street
Sacramento, CA 95820

NOTICE: A lien for property taxes applies to your property on January 1 of each year for the taxes owing in the following fiscal year, July 1 through June 30. One-half of these taxes is due November 1, and one-half is due February 1. The first installment becomes delinquent on December 10, and the second installment becomes delinquent on April 10. One tax bill is mailed before November 1 to the owner of record. **If this transfer occurs after January 1 and on or before December 31, you may be responsible for the second installment of taxes due February 1.** The property which you acquired may be subject to a supplemental assessment in an amount to be determined by the Sacramento County Assessor. For further information on your supplemental roll obligation, please call the Sacramento County Assessor's Office.

PART I: TRANSFER INFORMATION (please answer all questions)

- | YES | NO | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | A. Is this transfer solely between husband and wife (addition of a spouse, death of a spouse, divorce settlement, etc.)? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Is this transaction only a correction of the name(s) of the person(s) holding title to the property (for example, a name change upon marriage)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Is this document recorded to create, terminate, or reconvey a lender's interest in the property? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | D. Is this transaction recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (e.g., cosigner)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | E. Is this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | F. Did this transfer result in the creation of a joint tenancy in which the seller (transferor) remains as one of the joint tenants? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | G. Does this transfer return property to the person who created the joint tenancy (original transferor)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | H. Is this transfer of property: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. to a trust for the benefit of the <input type="checkbox"/> Grantor <input type="checkbox"/> Grantor's spouse? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. to a trust revocable by the transferor? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. to a trust from which the property reverts to the grantor within 12 years? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | I. If this property is subject to a lease, is the remaining lease term 35 years or more including written options? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | * J. Is this transfer between <input type="checkbox"/> parent(s) and child(ren)? <input type="checkbox"/> or from grandparent(s) to grandchild(ren)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | * K. Is this transaction to replace a principal residence by a person 55 years of age or older? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Within the same county? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | * L. Is this transaction to replace a principal residence by a person who is severely disabled as defined by Revenue and Taxation Code section 69.5? Within the same county? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | M. Did this transfer result from the death of a domestic partner currently registered with the California Secretary of State? |

*If you checked yes to J, K or L, you may qualify for a property tax reassessment exclusion, which may result in lower taxes on your property. **If you do not file a claim, your property will be reassessed.**
Please provide any other information that would help the Assessor to understand the nature of the transfer.
If the conveying document constitutes an exclusion from a change in ownership as defined in section 62 of the Revenue and Taxation Code for any reason other than those listed above, set forth the specific exclusions claimed:

Please answer all questions in each section. If a question does not apply, indicate with "N/A." Sign and date at bottom of second page

PART II: OTHER TRANSFER INFORMATION

- A. Date of transfer if other than recording date _____
- B. Type of transfer. (please check appropriate box):
 Purchase Foreclosure Gift Trade or Exchange Merger, Stock, or Partnership Acquisition
 Contract of Sale - Date of Contract _____
 Inheritance - Date of Death _____ Other (please explain): _____
 Creation of Lease Assignment of a Lease Termination of a Lease Sale/Leaseback
 Date lease began _____
 Original term in years (including written options) _____
 Remaining term in years (including written options) _____
 Monthly Payment _____ Remaining Term _____
- C. Was only a partial interest in the property transferred? Yes No
 If yes, indicate the percentage transferred _____%



Fidelity National Title Company

8801 Folsom Blvd., Suite 210, Sacramento, CA 95826
916 386-4000 • FAX 916 386-8479

Mr. Mark A. Freeland
5131 46th Street
Sacramento, CA 95820

DATE: July 28, 2005
ESCROW NO.: 05-**2002452**-GB
LOCATE NO.: CAFNT0934-0934-0071-0002002452
TITLE NO.: 05-**2002452**
PROPERTY ADDRESS:
5131 46th Street, Sacramento, CA 95820

In connection with the above referenced escrow, enclosed please find a "Statement of Information". In order to process your escrow we need you to complete this form and return it to the undersigned in the self-addressed envelope provided herein.

Due to the importance of this document, it is necessary for you to complete all of the pertinent information to ensure the timely closing of your escrow.

Should you have any questions regarding your escrow, please do not hesitate to contact our office.

Sincerely,

Geri Beaton
Escrow Officer
916 386-4000

GB

enclosure(s)