

Sonterra at Foothill Ranch
26322 Towne Centre Drive
Foothill Ranch, Ca. 92610
(949) 860-1000 fax (949) 860-1011

Date: 7/15/04

Apartment # 1434

Dear Resident,

Our records indicate that we are missing the following items in your file.

+

____ Move in checklist

☒ Emergency Form *phone # for emergency contact*
↳ Dan Rivers 562-982-7038

____ Resident(s) to sign revised lease due to

____ Utility Account #'s

☒ Proof of Renter's Insurance *See attached sheet we just received it today from our insurance company!*
____ Copy of Driver's License *Its dated 7/22/04. FAXED TO US TODAY.*
____ Other

Please bring the item(s) to the leasing office upon receipt of this letter.

Your prompt attention to this matter is greatly appreciated.

Sincerely,
Sonterra Staff

NOTICE OF LEASE VIOLATION

EQUITY RESIDENTIAL PROPERTIES MANAGEMENT CORP.
as Agent for **Sonterra** Apartments

Date 7/22/04

Resident(s) (all must be listed):

Michael Lanham
Elana Lanham

Apartment # 1434
Address: 26322 Towne Centre Drive
Foothill Ranch, CA 92610

RE: **Notice of Lease Violation**
Lease Contract dated 7/8/04 TO
11/01/05

Dear Residents:

The following violations of your lease have been reported or discovered:

- | | | |
|--|--|---|
| <input type="checkbox"/> Loud Music | <input type="checkbox"/> Damage to property | <input type="checkbox"/> Unauthorized occupant |
| <input type="checkbox"/> Littered patio | <input type="checkbox"/> Damage to property—failure to take proper measures to prevent and retard accumulation of mold and mildew in dwelling unit | <input type="checkbox"/> Unauthorized animal(s) |
| <input type="checkbox"/> Trash by your entry | <input type="checkbox"/> Damage to property—health/safety issues | <input type="checkbox"/> Unauthorized modification of dwelling unit |
| <input type="checkbox"/> Disturbance | | <input type="checkbox"/> Inappropriate window coverings |
| <input type="checkbox"/> Excessive Noise | | <input checked="" type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Illegal Parking | | |

Explanation of above: Copy of your renters insurance policy. Please provide to office immediately.

Please do the following (check one or more):

- ☐ Contact owner's representative within 24 hours ☐ in person or ☐ by telephone
☒ Take the action necessary to correct the foregoing problem immediately. If you fail to make the necessary corrections in a timely manner, it will require additional action as outlined in your lease contract.

If you have any questions, please do not hesitate to contact the manager. Thank you for your cooperation.

7/22/04
DATE notice was given by the method checked below

[Signature]
(Representative)

- | | | |
|--|--|---|
| <input type="checkbox"/> hand delivered to any one of the residents named above | <input checked="" type="checkbox"/> posted on the <u>outside</u> of the dwelling's main entry door | <input type="checkbox"/> sent by regular mail |
| <input type="checkbox"/> hand delivered to any person 16 or older residing in the dwelling | | <input type="checkbox"/> sent by certified mail, return receipt requested, or |
| | | <input type="checkbox"/> sent by registered mail |

For office use only:

Corrective Measures taken by resident and when: _____

By (name of owner's representative): _____

CERTIFICATE OF INSURANCE

This certifies that

- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
☒ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Laham, Michael and Elana
 Address of policyholder 26322 Towne Centre Drive, Apt 1434, Foothill Ranch, Ca 92610
 Location of operations Same
 Description of operations Renters Insurance

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
This insurance includes:	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Products - Completed Operations			Each Occurrence \$
	<input type="checkbox"/> Contractual Liability			General Aggregate \$
	<input type="checkbox"/> Underground Hazard Coverage			Products - Completed \$
	<input type="checkbox"/> Personal Injury			Operations Aggregate
	<input type="checkbox"/> Advertising Injury			
	<input type="checkbox"/> Explosion Hazard Coverage			
	<input type="checkbox"/> Collapse Hazard Coverage			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	(Combined Single Limit)
	<input type="checkbox"/> Other			Each Occurrence \$
				Aggregate \$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY
				Part 2 BODILY INJURY
				Each Accident \$
				Disease - Each Employee \$
				Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)
75-XE-7971-3 G	Renters	11/15/03	11/15/04	\$21,400 with \$100,000 Liability

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative

Agent

07/21/04

Title

Date

Agent's Code Stamp

AFC Code F418

JOHN MCGILL
SANTA ANA7940
F418