

LAND LEASE

Eric Schmidt  
17569 Cross Road  
Salinas CA 93907  
831-663-6642  
cell 831-262-9290

Anna Twisselmann  
32650 Johnson Canyon Road  
Gonzales CA 93926  
831-675-3725  
831-675-2671

Anna Twisselmann and Family agree to rent the Twisselmann Ranch, which amounts to approximately 1000 acres of hill ranch pasture, to Eric Schmidt, for one year for the amount of \$6000.00. Which is \$6.00 an acre. Renter, has agreed on a good grass year, to pay \$7.00 an acre instead of the \$6.00.

Terms of payment as follows:

\$1500.00 Down, as of September 10th 2002  
\$1500.00 On December 10th 2002  
\$1500.00 On March 10th 2003  
\$1500.00 On June 10th 2003

The payments are due on the 10th of the months stated above. If they are paid after the 10th of the stated months there will be a 10% late charge. This is a year (12 months) lease.

Renter reserves the right to live on the premises and agrees to care for ranch water and fences. Forty acres of hay land to be decided by renter as the seasons progress.

Rentee agrees to be responsible for any accidents that might occur to them (rentee) or their (rentees) employees on the leased Twisselmann Ranch. Renter agrees no hunting will be allowed unless Renter (John Lee Twisselmann) is present or supervises hunting.

Anna Twisselmann INT: A.T.

Eric Schmidt INT: Eric Schmidt

There is to be no storage of any kind on the premises, such as trucks or trailers.

The Rentee, has requested to only speak to one person, which is the witness to this document. There will be only communication between Eric Schmidt and John Lee Twisselmann.

Rentee has an option to renew lease if all conditions are satisfactory to all parties.

Renter: Twisselmann Ranch

Rentee: Eric Schmidt

By Anna Twisselmann

By Eric Schmidt

Anna Twisselmann

Eric Schmidt

Date: 9-10-2012

Date: 9-8-02

Witness:

By John Lee Twisselmann

John Lee Twisselmann  
Date: 9-8-02



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Robert Cullen Insurance Agency  121 N Vanderhurst Ave King City CA 93930		<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>FAX</b> (A/C, No): <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  Eric Schmidt 46224 White Oak Ct  King City CA 93930		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Liberty Mutual Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:  <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		FGS 2263871039	09/22/2021	09/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$  <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured endorsement applies and will follow

**CERTIFICATE HOLDER****CANCELLATION**

Twisselmann Revocable Living Trust Date 04/09/92

Po Box 391  
Gonzalez

CA 93926

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE