



2017-0031084 09/18/2017 02:54:32 PM  
OFFICIAL RECORDS OF Santa Cruz County  
Sean Saldavia Recorder  
RECORDING FEE: \$0.00  
COUNTY TAX: \$0.00  
CITY TAX: \$0.00

**Recording Requested by and  
When Recorded Mail to:**

County of Santa Cruz  
Department of Public Works  
Attn: Real Property  
701 Ocean Street, Room 410  
Santa Cruz, CA 95060



DTRU  
5 PGS  
RCD135

Government Agency Exempt per GC 27383

APN: 039-161-45

**PERFORMANCE DEED OF TRUST**

**ENCOMPASS COMMUNITY SERVICES  
AND  
COUNTY OF SANTA CRUZ**



**2884 ESTATES DRIVE, APTOS**

This **PERFORMANCE DEED OF TRUST** made this 7 day of July, 2017 by and between **ENCOMPASS COMMUNITY SERVICES**, a California 501 (c) (3) non-profit corporation (hereinafter referred to as "Trustor") and the **COUNTY OF SANTA CRUZ**, a political subdivision of the State of California (hereinafter referred to as "County" or "Trustee" or "Beneficiary").

**RECITALS**

- A. Whereas, on June 27, 2017, the County Board of Supervisors approved a continuing service agreement between the Trustor and County that includes support for Trustor's 2<sup>nd</sup> Story Program. The service agreement and all amendments thereto shall hereinafter be referred to as "Service Agreement". The Service Agreement provides for peer respite care services for people experiencing an acute psychiatric episode or intense emotional distress (hereinafter referred to as "Peer Respite Care Services") and is administered by County's Health Services Agency; and
- B. Whereas, Trustor is the owner of real property located at 2884 Estates Drive, Aptos, CA, also known as Assessor's Parcel Number 039-161-45, which is more particularly described in **Exhibit "A"**, and situated in the unincorporated area of Santa Cruz County, California, hereinafter referred to as the "Premises"; and


- C. Whereas, pursuant to County's Grant Agreement No. PR SCRZ-01 with the California Health Facilities Financing Authority (hereinafter referred to as the "Grant Agreement"), Trustor and County have now entered into a Facilities Lease Agreement for the provision of Peer Respite Care Services at the Premises (hereinafter referred to as "Facilities Lease"); and
- D. Whereas, the Grant Agreement requires the Facilities Lease to be secured by a deed of trust.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are acknowledged, and intending to be legally bound hereby, Trustor and County agree as follows:

1. **Grant of Performance Deed of Trust.** Trustor hereby irrevocably grants, transfers, and assigns to County, as Trustee, to hold in trust as security for the specific performance described herein, with power of foreclosure and sale, all that certain real property located at 2884 Estates Drive, Aptos, CA, also known as Assessor's Parcel Number 039-161-45, which is more particularly described in **Exhibit "A"**, and situated in the unincorporated area of Santa Cruz County, California.
2. **Performance.** This Performance Deed of Trust is granted in order to secure performance by Trustor of all terms and conditions in the Facilities Lease, the Service Agreement, and the Grant Agreement as assigned by County to Trustor, and any amendments thereto (hereinafter referred to as the "Performance Agreements").
3. **Remedy for Nonperformance.** In the event of Trustor's default on any of the Performance Agreements, and said default is not otherwise cured through said agreements, Trustor shall immediately grant fee title to the Premises via grant deed to the County. If Trustor does not deliver said grant deed in a timely manner, County, as Trustee, shall have the power to immediately foreclose, transfer, or otherwise convey property to County, as Beneficiary, or to any other entity at the sole discretion of the County, and to pursue any other remedy allowed by law.
4. **Successors and Assigns.** This Performance Deed of Trust applies to, inures to the benefit of, and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, successors and assigns.

[SIGNATURES ON FOLLOWING PAGE]

TRUSTEE:  
COUNTY OF SANTA CRUZ



~~GIANG NGUYEN~~ Michael Robert Braton  
for Director of Health Services Agency

TRUSTOR:  
ENCOMPASS COMMUNITY SERVICES



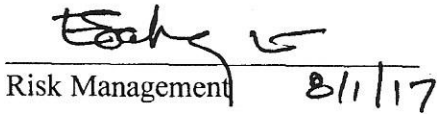
MONICA MARTINEZ  
Chief Executive Officer 8/8/17

Notary Public  
See Attached

Approved as to Form:

  
Deborah Kelley for  
County Counsel 7/31/2017

Approved as to Risk:

  
Risk Management 8/11/17

Recommended for Approval:

  
Travis Lacy 8/2/17  
Real Property

CALIFORNIA ALL-PURPOSE 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.

State of California  
County of Santa Cruz

On August 25, 2017 before me, Maria G. Vargas, Notary Public, personally appeared MICHAEL ROBERT BEATON 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(s), and that by his/~~her~~/their signature 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 Maria G. Vargas



(Notary Seal)

Name/Document: Deed of Trust - 2884 Estates Drive, Aptos, California 95003

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

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.

State of California )  
County of Santa Cruz )  
On 08/08/2017 before me, Zachary L.T. Gentry, Notary Public  
Date Here Insert Name and Title of the Officer  
personally appeared Monica Martinez  
Name(s) of Signer(s)

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 Zachary L. T. Gentry  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Performance Deed of Trust  
Document Date: 08/08/2017 Number of Pages: 3  
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  Partner —  Limited  General  
 Individual  Attorney in Fact  Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_