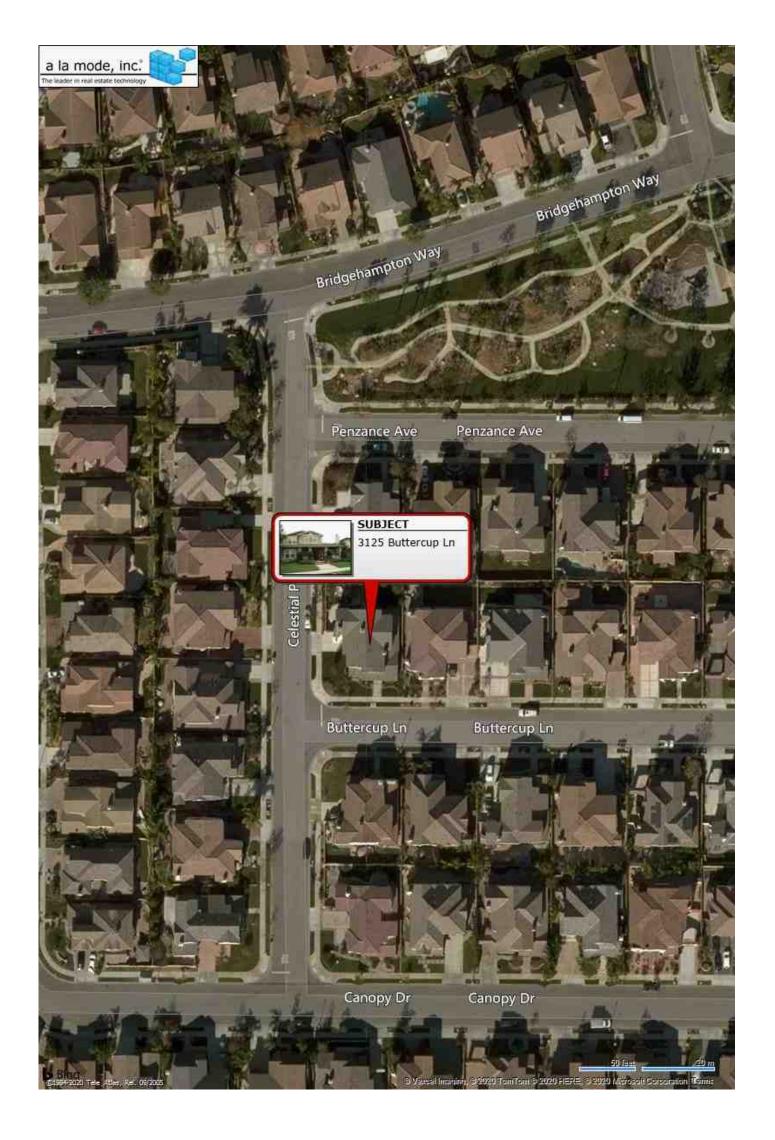
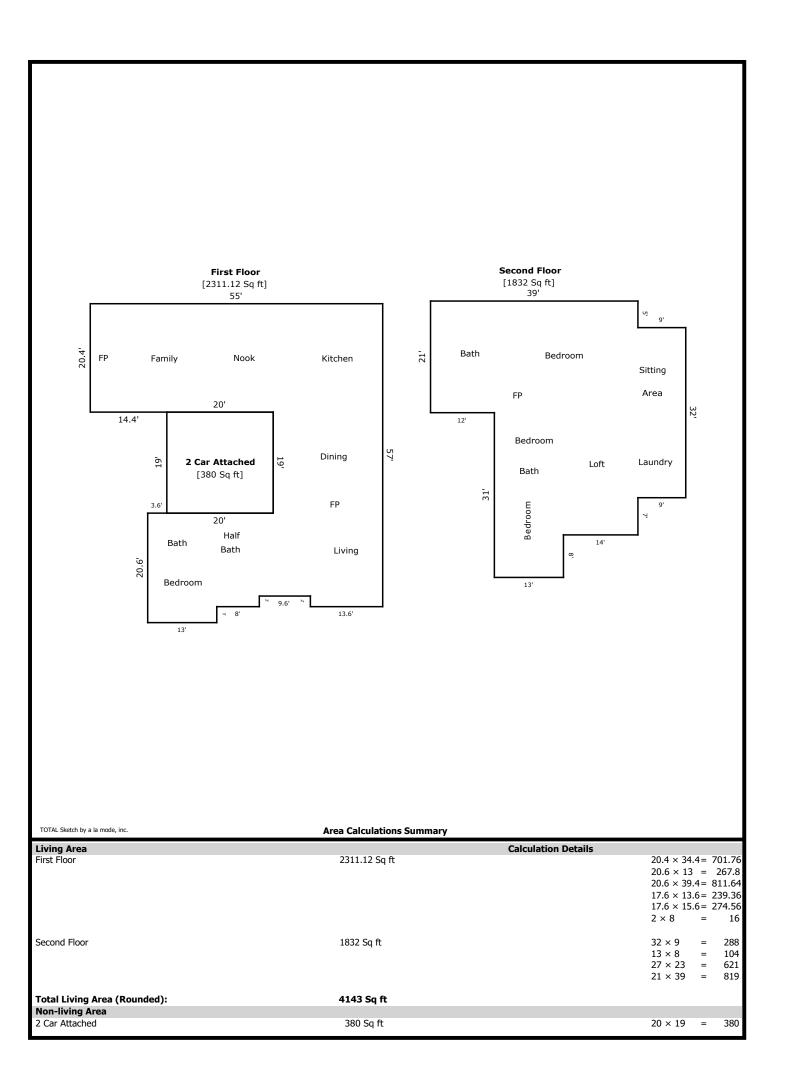
Aerial Map

Borrower	John & Linda Lewis			
Property Address	3125 Buttercup Ln			
City	Camarillo	County Ventura	State CA	Zip Code 93012
Lender/Client	Parkside Lending LLC			



Building Sketch

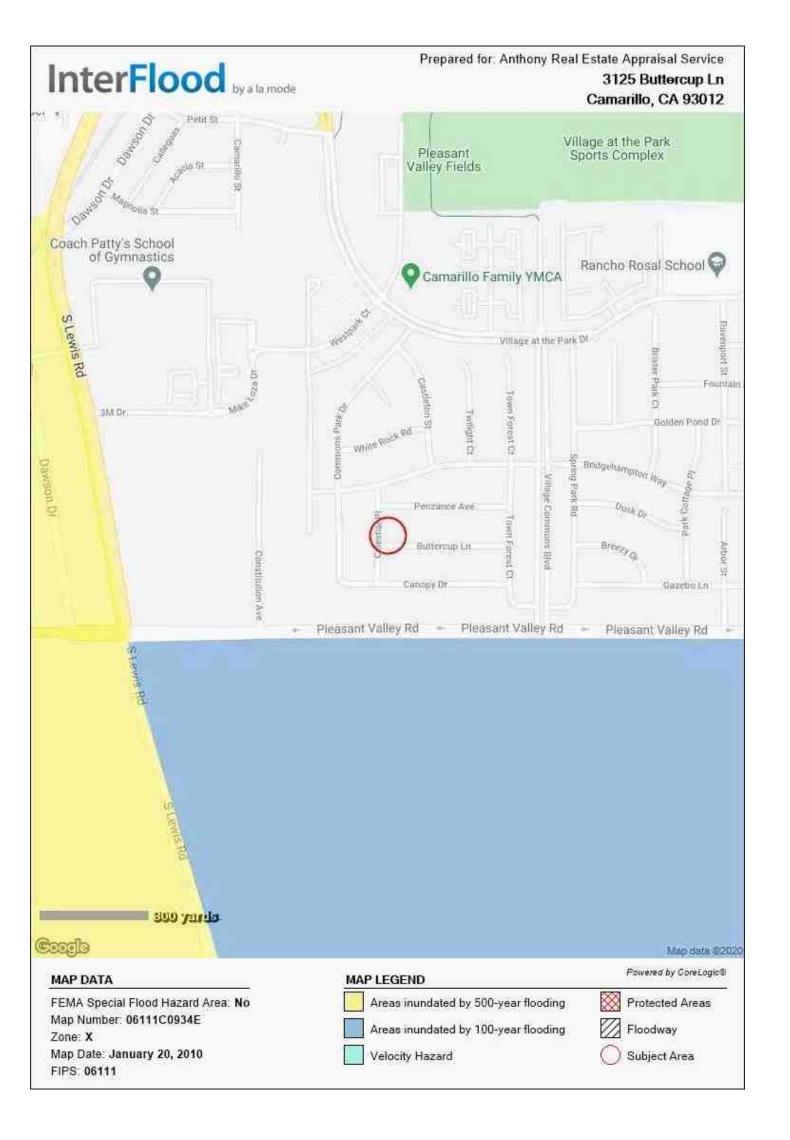
Borrower	John & Linda Lewis			
Property Address	3125 Buttercup Ln			
City	Camarillo	County Ventura	State CA	Zip Code 93012
Lender/Client	Parkside Lending LLC			

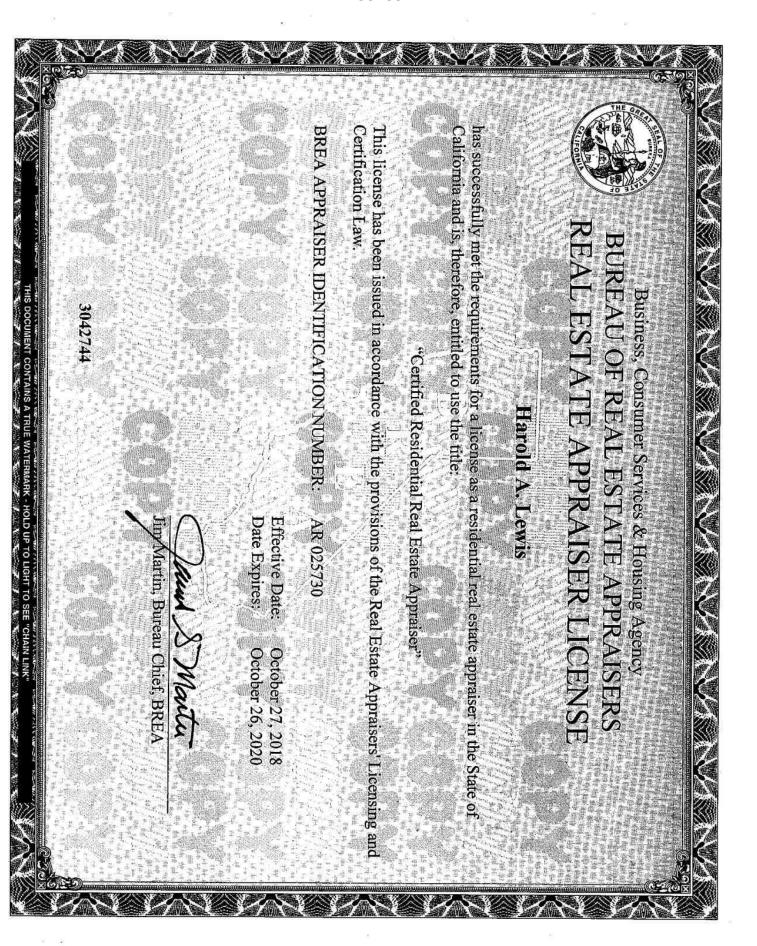


Copy to Clipboa		<i>-</i>	CINZAINU	Par DITERCUP LN, CAMARILL V89°36'42''W	oel:229-0-262-245 O, CA 93012-7786
500.53° 157' 18.50'	45' 148 Subject 3125 Buttercu	70' 147 2	146	145	144
9; PLACE N0"23"18"E 78.50"	75' 24) 154	23) 155	22) 156	<u>21</u>) 157	20 158
Right	45'	70°	٨	189 " 36'42''W	

Flood Map

Borrower	John & Linda Lewis			
Property Address	3125 Buttercup Ln			
City	Camarillo	County Ventura	State CA	Zip Code 93012
Lender/Client	Parkside Lending LLC			









LIA Administrators & Insurance Services

APPRAISAL AND VALUATION PROFESSIONAL LIABILITY INSURANCE POLICY

DECLARATIONS

ASPEN AMERICAN INSURANCE COMPANY

(A stock insurance company herein called the "Company") 175 Capitol Blvd. Suite 100 Rocky Hill, CT 06067

Date Issued	Policy Number	Previous Policy Number
11/21/2019	AAI004136-05	AAI004136-04
		LIMITED TO LIABILITY FOR ONLY THOSE
		G THE POLICY PERIOD AND THEN REPORT- DAYS AFTER EXPIRATION OR TERMINATION
	G THE EXTENDED REPORTING PERI FTER THE RETROACTIVE DATE AND	OD, IF APPLICABLE, FOR A WRONGFUL BEFORE THE END OF THE POLICY
PERIOD. PLEASE READ THE		
Telesco		

Item 1. Customer ID: 138511 Named Insured: ANTHONY APPRAISAL SERVICE Harold Anthony Lewis 11507 Gentlewood Drive Moorpark, CA 93021 2. Policy Period: From: 12/27/2019 To: 12/27/2020 12:01 A.M. Standard Time at the address stated in 1 above. 3. Deductible: \$1,000 Each Claim 4. Retroactive Date: 12/27/2000 5. Inception Date: 12/27/2015 6. Limits of Liability: **A.** \$500,000 Each Claim B. \$500,000 Aggregate 7. Mail all notices, including notice of Claim, to: LIA Administrators & Insurance Services 1600 Anacapa Street Santa Barbara, California 93101 (800) 334-0652; Fax: (805) 962-0652 8. Annual Premium: \$791.00 9. Forms attached at issue: LIA002 (12/14) LIA CA (11/14) LIA012 (12/14)

This Declarations Page, together with the com-	pleted and signed Policy Application including all attachments and exhibits thereto, and
he Policy shall constitute the contract between	
11/21/2019	By Klie
Date	Authorized Signature
LIA-001 (12/14)	Aspen American Insurance Company