DISCLOSURE OF OWNERSHIP/PRINCIPALS

5 .			Mark Street P	ron	ortios IIC/	owne F	1 51	5% of the preparty)	•	•	
	ype (Please select	one)	Mark Street Pi	ΙΟμ	berties, LLC (OWIIS	94.5	5% of the property.)		27	
Sole Proprietorship	Proprietorship Partnership Company D'Corporation D'Tru		ust	□ Non-Profit □ Other							
Business Designa	tion Group (Pleas	e sele	ect all that apply)					_	•	
□ МВЕ	☐ WBE		SBE		☐ PBE			□ VET		OVET_	☐ ESB
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Physically Challenge Business Enterprise			t	Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business		Emerging Small Business	
Number of CI	ark County Ne	evac	la Residents	Ε	mployed:				<u>',·</u>	,	
Corporate/Busine	ss Entity Name	Mar	rk Street Prope	rtie	es, LLC (Own	s 54.5	5% (of the property.)			
(Include d.b.a., if a		N/A	•						•	. ,	
	ipplicable)		S. Stephanie S	tre	et Suite 202		10/6	shaita. N/A			
			enderson, Nevada 89012			Website: N/A POC Name: Charles T. Cook, Esq.; ctc@juwlaw.com					
Telephone No:		702	-699-7500					nail: x No: 702-699-7555	•	•	
Nevada Local Stre	ot Addross:				Anna Marketin						
(If different from a		N	/A				VVE	ebsite:			
City, State and Zi	p Code:						Lo	cal Fax No:			
AN DESIGNATION OF							Lo	cal POC Name:			
Local Telephone N	No:						Email:				
ownership or financia Entities include all b	tities and non-profi al interest. The disclo ousiness associations	it org sure r	anizations shall equirement, as appointed under or governity	list olied vern	d to land-use app ned by Title 7 of	olications the Neva	s, exte	d Directors in lieu of disends to the applicant and Revised Statutes, including on, and professional corpo	the lar	ndowner(s). not limited to privat	
The Leave & North Court	Full Name					Title			Corpo	% Owned trequired for Pub prations/Non-profit	
The Larry & Neely Swanson Family Trust u/a/d May 24, 2009 33.33% (of, 54.55%											
The Shirley F. Swanson Trust FBO Timothy F. Swanson			ne 12, 1974							% (of 54.55%)	
David J. Swanson 33.33% (of 54		% (of 54.55%)									
 Are any individue mployee(s), o Yes Do any individue 	r appointed/elected of No (If y per ual members, partner ild, grandparent, rela	official yes, p form a rs, ow ated to	viners or principals, (s)? lease note that Un any work on professioners or principals he a University Medicine.	inve sior nave	olved in the busing risity Medical Certal service contral a service contral a spouse, regist Center of Souther	ness enti- nter of S acts, or o stered do ern Neva	outher comest	oration? Yes University Medical Center ern Nevada employee(s), contracts, which are not so tic partner, child, parent, in Il-time employee(s), or app on Page 2. If no, please pi	of So or ap ubject n-law pointe	pointed/elected offi to competitive bid. or brother/sister, h d/elected official(s)	cial(s) may not) alf-brother/half-
I certify under penalty Southern Nevada Go form.	y of perjury, that all o overning Board will no	of the i	nformation provide action on land-us	d h	erein is current, o pprovals, contrac	complete ct approv	, and als, l	l accurate. I also understa land sales, leases or exch	nd tha	t the University Me without the compl	edical Center of eted disclosure
Signature	Took				Charles T. C	ook, Es	sq.		•		
Attorney						7-	2	5-23	٠	¥	
Title					Date						

DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF UMC* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO UMC* EMPLOYEE/OFFICIAL	UMC* _EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Mark Street Properties, LLC	N/A	N/A	N/A
The Larry & Neely Swanson Family Trust u/a/d May 24, 2009	N/A	N/A	, . N/A
The Shirley F. Swanson Trust FBO Timothy F. Swanson wald June 12,	N/A	N/A	N/A
David J. Swanson	N/A	N/A	N/A
	-		

^{*} UMC employee means an employee of University Medical Center of Southern Nevada

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

For UMC Use Only	
ror onic ose only	6
If any Disclosure of	Relationship is noted above, please complete the following:
☐ Yes ☐ No Is	s the UMC employee(s) noted above involved in the contracting/selection process for this particular agenda item?
☐ Yes ☐ No Is	the UMC employee(s) noted above involved in any way with the business in performance of the contract?
Notes/Comments:	
Signature	 .
Signature	
Print Name	
Authorized Departm	nent Representative

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Тур	e (Please select	one) Richar	d & Joy	ylin	Vandenberg	1990 L	ivin	g Trust (owns 45.45	% of	the property.)	
☐ Sole Proprietorship		Partnership	Limited L	iability] Corporation	■ Tru	ıst	☐ Non-Profit Organization		Other	
Business Design	nati	on Group (Please	e select all th	at apply	/)							
☐ MBE		☐ WBE	☐ SBE			☐ PBE			□ VET		OVET	☐ ESB
Minority Business Enterprise	5	Women-Owned Business Enterprise	Small E Enterpr	Business ise	3	Physically Cha Business Ente		i	Veteran Owned Business	1750 0050	abled Veteran ned Business	Emerging Small Business
Number of C	lar	k County Ne	vada Res	idents	s Eı	mployed:						
						(The	ere are	no e	employees of the T	rust.)	
Corporate/Busin	iess	Entity Name:	Richard &	Joylin V	/an	denberg 1990) Living	g Tru	ust (owns 45.45% of	the	property)	
(Include d.b.a., it	f ap	plicable)	N/A								· ·	
Street Address:			50 S. Stepl	nanie S	Stree	et, Suite 202		We	bsite: N/A			
City, State and Z	ip C	Code:	Hender	son,	Ne	evada 89	012	PO Em	^{C Name:} Charles T.	. Co	ok, Esq.; ctc	@juwlaw.com
Telephone No:			702-699-75	500				Fax	No: 702-699-7555	. •		
Nevada Local St			N/A					We	bsite:	•		
City, State and 2								Loc	cal Fax No:	, ,	1 *	
								Loc	cal POC Name:	5		
Local Telephone	No	;						Em	ail:			
ownership or finance Entities include all	cial i I bus	nterest. The disclosiness associations	sure requireme organized und	nt, as ap der or go	plied	to land-use app ed by Title 7 of t	olications the Neva	, exte ada R	Directors in lieu of dis ends to the applicant and the evised Statutes, including s, and professional corpo	the lar	ndowner(s). not limited to privat	e corporations,
Joylin J. Vander	nhe	ro		C	:o-T	rustee				Corp	orations/Non-profit	organizations)
Susan Vandenb						rustee						
Richard P. Vano	_				91	rustee						
employee(s), Yes 2. Do any indivi	idua or a	I members, partner ppointed/elected o I No (If y performance) numbers, partner grandparent, relations in the partner performance of the partner performance	rs, owners or p fficial(s)? res, please not form any work s, owners or p tted to a Univer	rincipals, e that Ur on profes rincipals rsity Medi	niver ssion have	olved in the busing raity Medical Certal service contrals a spouse, registic Center of Southern	nter of S acts, or o stered do	outhe ther comesti	Dration? Yes University Medical Center orn Nevada employee(s), contracts, which are not so ic partner, child, parent, in I-time employee(s), or app	of So or ap ubject n-law pointe	pointed/elected offi to competitive bid. or brother/sister, h d/elected official(s)	icial(s) may not) alf-brother/half-
I certify under pena Southern Nevada of form. Signature Attorney	Gove	of perjury, that all o	f the information take action of	n provide	ed he	charles T. C	complete et approv	e, and vals, la	n Page 2. If no, please pi accurate. I also understa and sales, leases or exch	nd tha	at the University Me	edical Center of eted disclosure
Title						Date						

DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF UMC* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO UMC* EMPLOYEE/OFFICIAL	UMC* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Richard & Joylin Vandenberg 1990 Living Trust	N/A	N/A	· N/A
Joylin J. Vandenberg	N/A	N/A	N/A
Susan Vandenberg Bolton	N/A	N/A	N/A
Richard P. Vandenberg	N/A	N/A	N/A

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- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

For UMC Use Only:	•
If any Disclosure of Relationship is noted above, please complete the following:	•
☐ Yes ☐ No Is the UMC employee(s) noted above involved in the contracting/selection process to	for this particular agenda item?
☐ Yes ☐ No Is the UMC employee(s) noted above involved in any way with the business in perfo	ormance of the contract?
Notes/Comments:	
Signature	
Print Name	•
Authorized Department Representative	

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.