

ELEVATION CERTIFICATE

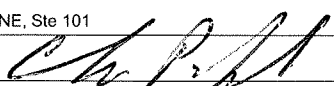
IMPORTANT: Follow the instructions on pages 1-9.

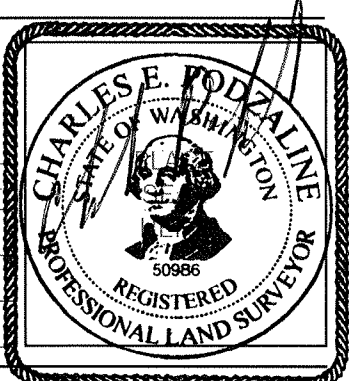
OMB No. 1660-0008
 Expiration Date: July 31, 2015

| SECTION A – PROPERTY INFORMATION | | FOR INSURANCE COMPANY USE |
|---|----------------------|--|
| A1. Building Owner's Name: RBC Real Estate Finance Inc. | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 220 FELDING ST NE | Company NAIC Number: | |
| City: Orting State: WA ZIP Code: 98360 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Plat of Rivers Edge Phase 3b, Lot 292 | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential | | |
| A5. Latitude/Longitude: Lat. 47.11818 Long. -122.22411 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | |
| A7. Building Diagram Number: 9 | | |
| A8. For a building with a crawspace or enclosure(s): | | A9. For a building with an attached garage: |
| a) Square footage of crawspace or enclosure(s): 1395 sq ft | | a) Square footage of attached garage: 420 sq ft |
| b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade: 16 | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: 0 |
| c) Total net area of flood openings in A8.b: 1839 sq in | | c) Total net area of flood openings in A9.b: n/a sq in |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|---|-----------------|-----------------------------------|--|-------------------------|--|
| B1. NFIP Community Name & Community Number Orting 530138 | | B2. County Name Pierce | | B3. State WA | |
| B4. Map/Panel Number 601/530138 | B5. Suffix E | B6. FIRM Index Date 08-19-1985 | B7. FIRM Panel Effective/Revised Date Preliminary 2-28-2007 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone A0, use base flood depth) 142.2 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: Asbuilt plans dated 7-12-06 Rivers Edge in Orting (Phase 2B and 3B) | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: ____ / ____ / ____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|--|---|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. | |
| C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/A0. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: Pierce County Bench #103-6T Vertical Datum: NGVD29 Elevation=149.86 | |
| Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: Datum used for building elevations must be the same as that used for the BFE. | |
| Check the measurement used. | |
| a) Top of bottom floor (including basement, crawspace, or enclosure floor) | 142 . 2 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | 145 . 32 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | n/a . <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 144 . 01 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 145 . 83 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 143 . 41 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 143 . 66 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 143 . 90 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION | | | |
|---|--|--|-------------------|
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. | | | |
| <input checked="" type="checkbox"/> Check here if comments are provided on back of form. | | Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Check here if attachments. | | | |
| Certifier's Name Charles E Podzalne | | License Number 50986 | |
| Title Survey Manager | | Company Name CES NW, Inc. | |
| Address 310 29th St NE, Ste 101 | | City Puyallup | State WA |
| Signature  | | Date 11-23-15 | ZIP Code 98372 |
| | | Telephone 253-848-4282 | |



ELEVATION CERTIFICATE, page 2

| | | | |
|---|-------------|-------------------|----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 220 FIELDING ST NE | | | Policy Number: |
| City Orting | State WA | ZIP Code 98360 | Company NAIC Number: |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments
C2e= Hot Water Tank

Signature

Date

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ . _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ . _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate Of Compliance/Occupancy Issued |
|-------------------|------------------------|---|

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments Base Flood Elevations are taken from the As-built plans dated 7-12-06 Rivers Edge in Orting Phase 2B and 3B.

Check here if attachments.

See Instructions for Item A6.

| | | | | |
|---|-------------|-------------------|----------------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 220 FIELDING ST NE | | | Policy Number: | |
| City ORTING | State WA | ZIP Code 98360 | Company NAIC Number: | |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT OF HOUSE



BACK OF HOUSE

BUILDING PHOTOGRAPHS

Continuation Page

| | |
|---|----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | Policy Number: |
| City State ZIP Code | Company NAIC Number: |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.