RECORDING REQUESTED BY

Community Development Department

AND WHEN RECORDED MAIL TO:

Mono County Planning Division P.O. Box 8 Bridgeport CA 93517

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

LOT MERGER NOTICE FOR REAL PROPERTY IN MONO COUNTY

PARCELS TO BE MERGED: Assessor's Parcel Numbers and/or deed reference.

	WNERS : This document will be recorde gnatures must appear as reflected on th	
owner/owners of the above-referenc consists of two or more continuou understand that recordation of this M	ature(s) hereon that I/we am/are all ed real property. I/we also affirm the solots under our common ownership erger Notice shall cause the subject part as to sell, lease or finance portions of sacounty subdivision regulations.	at said property and that I/we cels to be merged
requesting that the County record th protest hearing to present evidence as	s) hereon that I/we have initiated this is Merger Notice; therefore, I/we do not to why this Merger Notice should not stand and expressly waive any and all	ot wish to have a be recorded; and
Name	No. 1	
	Notarized signature	Date
Sheri L Castilys	Sher & arotter	643-1
Sheri L Castilys	Notarized signature Notarized signature Notarized signature	
Sheri L Castilys	Sher & arotter	643-1
	Notarized signature Thursday, G. Color	1 13-1 Date

CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 San Francisco	}
On 6/13/18 before me, _	w, mas Howard Notes Public
personally appeared Te rrence 6.	Castilyn & SheriL. Castilyn.
name(s) is/are subscribed to the within	actory evidence to be the person(s) whose instrument and acknowledged to me that
he/she/they executed the same in his/h	er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	
	Lundor the laws of the State of California that
the foregoing paragraph is true and cor	vunder the laws of the State of California that rect.
WITHERO I I I I I I I I I I I I I I I I I I I	WYMAN HOWARD COMMISSION # 2203828
WITNESS my hand and official seal	NOTARY PUBLIC - CALIFORNIA SAN FRANCISCO COUNTY
Crut	COMM. EXPIRES JUL. 02, 2021
Notary Public Signature (N	otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and,
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long
	as the wording does not require the California notary to violate California notary
(Title or description of attached document)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
(Title or description of attached document continued)	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her
Number of Pages Document Date	commission followed by a comma and then your title (notary public). • Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER	notarization. • Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
☐ Individual (s)	he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
☐ Corporate Officer	The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a Company of the seal o
(Title) □ Partner(s)	sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office of
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
☐ Trustee(s) ☐ Other	Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a
	corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

• Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865



