

**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.

019-163-015 019-163-016

**SIGNATURE OF RECORD TITLE OWNERS:** This document will be recorded. All record title owners must sign below, and their signatures must appear as reflected on the recorded deeds. All signatures must be notarized.

I/we hereby attest by my/our signature(s) hereon that I/we am/are all the record title owner/owners of the above-referenced real property. I/we also affirm that said property consists of two or more continuous lots under our common ownership and that I/we understand that recordation of this Merger Notice shall cause the subject parcels to be merged into one parcel and that further actions to sell, lease or finance portions of said parcel shall be subject to applicable provisions of the county subdivision regulations.

I/we hereby attest by our signature(s) hereon that I/we have initiated this merger and are requesting that the County record this Merger Notice; therefore, I/we do not wish to have a protest hearing to present evidence as to why this Merger Notice should not be recorded; and by our signature hereon I/we understand and expressly waive any and all rights to such a hearing.

Name	Justin Long	Notarized signature	06.09.21
			Date
Name	Beth Long	Notarized signature	6-10-21
			Date
Name		Notarized signature	Date

**COUNTY APPROVAL:** This Merger Notice has been reviewed and approved by the Mono County LDTAC.

ATTEST: \_\_\_\_\_  
Signature Date

Treasurer / Tax Collector certifying pre-payment of property taxes for Lot Merger \_\_\_\_\_ MC

ATTEST \_\_\_\_\_  
Signature Date

**CALIFORNIA 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.

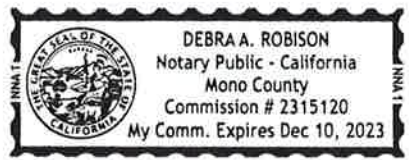
State of California }  
County of MONO }

On June 10, 2021 before me, Debra A. Robison  
Date Here Insert Name and Title of the Officer

personally appeared Justin and Beth Long  
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 Debra A. Robison  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

**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: \_\_\_\_\_  
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Signer(s) Other Than Named Above: \_\_\_\_\_

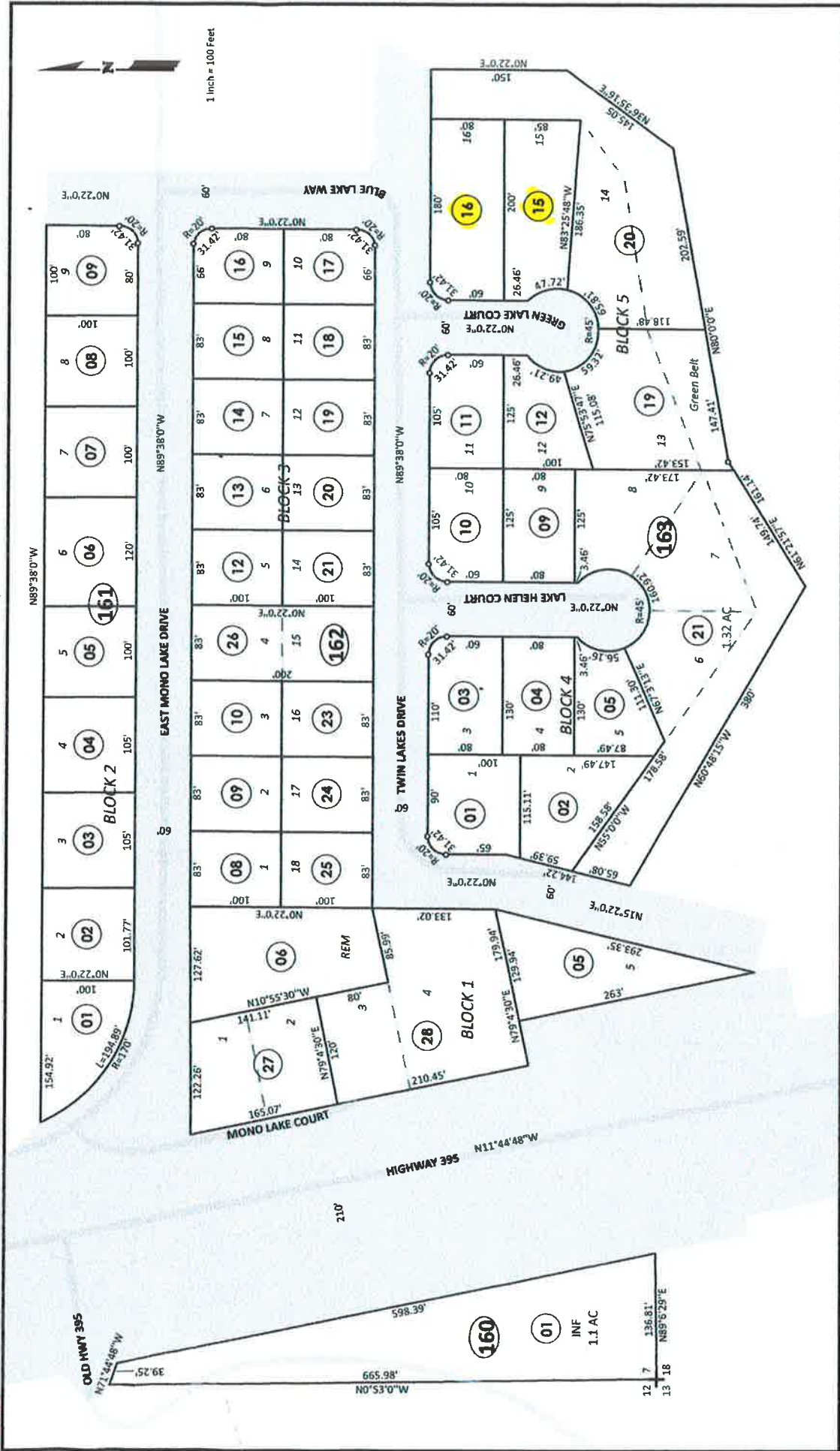
**Capacity(ies) Claimed by Signer(s)**

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: \_\_\_\_\_

Property owners: Justin and Beth Long  
 APN # 019-163-015  
 PO Box 76  
 Lee Vining CA 93541  
 (760) 648 3925  
 05/15/2021

19-16

PORTION S 1/2, S 1/2, N 1/2, N 1/2, SEC. 18, T. 2N., R. 26E., M.D.B.M. Tax Rate Area  
 MONO CITY SUBDIVISION (WEST) 51-19



UNINCORPORATED AREA  
 Assessor's Map  
**Book 19, Page 16**  
 County of Mono, California  
 Assessor's Block Number: 16  
 Assessor's Parcel Number: 01-16

Revised By: R. Goodrich-Bell	Created:	Revised:
Mono County Cadastral Mapper	3/22/2013	4/19/2016

Note: This map is prepared for the use of the Mono County Assessor, for assessment purposes only. It does not necessarily represent a survey of the premises. No liability is assumed as to the sufficiency or accuracy of the data drawn hereon.

LLA 15-003MC DOCH#2015003144 (019-160-021)  
 MERGER 10-002MC DOCH#2010002615 (019-160-028) MERGER 09-002MC DOCH#2009008518 (019-160-027)  
 MONO CITY SUBDIVISION PHASE #1, RM MB NO 02-121 MONO CITY SUBDIVISION PHASE #2, RM MB NO 07-029