

OWNER'S STATEMENT:

WE HEREBY STATE THAT WE ARE THE OWNERS OF OR HAVE AN INTEREST IN THE LAND INCLUDED WITHIN THE SUBDIVISION SHOWN ON THE ANNEXED MAP, AND THAT WE ARE THE ONLY PERSONS WHOSE CONSENT IS NECESSARY TO PASS CLEAR TITLE TO SAID LAND. WE CONSENT TO THE MAKING AND RECORDATION OF SAID MAP AND SUBDIVISION AS SHOWN WITHIN THE DISTINCTIVE BORDER LINES. WE ALSO HEREBY DEDICATE THE EASEMENT SHOWN HEREON FOR THE PURPOSES SET FORTH.

LINDSAY ALLEN PARTON AND LAURA LEE PARTON, TRUSTEES OF THE PARTON 2004 FAMILY TRUST

NAME: LINDSAY ALLEN PARTON, TRUSTEE
BY: [Signature]
DATE: 10/1/10

NAME: LAURA LEE PARTON, TRUSTEE
BY: [Signature]
DATE: 10/1/10

NOTARY:

STATE OF CALIFORNIA

COUNTY OF Santa Barbara

ON October 1, 2010, BEFORE ME, Kimberly C. Crawford, Notary Public
PERSONALLY APPEARED Lindsay Allen Parton

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.

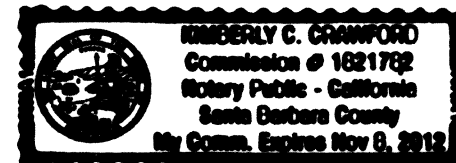
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE [Signature] NAME PRINTED Kimberly C. Crawford

COMMISSION EXPIRES November 8, 2012 COMMISSION NO. 1821782

PRINCIPAL OFFICE LOCATED IN COUNTY OF Santa Barbara

**NOTARY:**

STATE OF CALIFORNIA

COUNTY OF Santa Barbara

ON October 1, 2010, BEFORE ME, Kimberly C. Crawford, Notary Public
PERSONALLY APPEARED Laura Lee Parton

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.

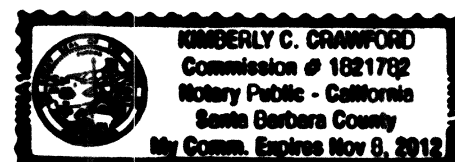
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WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE [Signature] NAME PRINTED Kimberly C. Crawford

COMMISSION EXPIRES November 8, 2012 COMMISSION NO. 1821782

PRINCIPAL OFFICE LOCATED IN COUNTY OF Santa Barbara

**NOTE:**

THIS MAP IS SUBJECT TO CERTAIN CONDITIONS AND INFORMATION INCLUDED IN A "NOTICE" AND RECORDED CONCURRENTLY AS INSTRUMENT NO. 2010-0058002 OF OFFICIAL RECORDS

VESTING PARCEL MAP NO. 14,758

LOT 8 OF LOT LINE ADJUSTMENT FILED IN BOOK 147, PAGE 52
OF RECORD OF SURVEYS

IN THE COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA

FEBRUARY 2010

SHEET 1 OF 5 SHEETS

RDH LAND SURVEYING & CONSULTING
5276 HOLLISTER AVENUE, SUITE 457
SANTA BARBARA, CALIFORNIA, 93111
(805) 692-1500

SIGNATURE OMISSIONS:**EASEMENT HOLDERS**

SEE SHEET 2 FOR EASEMENT HOLDERS.

TRUSTEE

THE SIGNATURE OF THE FOLLOWING TRUSTEE HAS BEEN OMITTED PURSUANT TO SECTION 66445(e) OF THE GOVERNMENT CODE (STATE SUBDIVISION MAP ACT).

FIRST CALIFORNIA BANK, TRUSTEE, OF A DEED OF TRUST RECORDED ON 15 SEPTEMBER 2010 AS INSTRUMENT NO. 2010-0050460 OF OFFICIAL RECORDS.

BENEFICIARY

FIRST CALIFORNIA BANK, BENEFICIARY, UNDER A DEED OF TRUST RECORDED ON 15 SEPTEMBER 2010 AS INSTRUMENT NO. 2010-0050460 OF OFFICIAL RECORDS.

NAME: Richard R. Glass NAME: _____
BY: Richard R. Glass BY: _____
TITLE: Sr. Vice Pres. TITLE: _____
DATE: 10/4/2010 DATE: _____

NOTARY:

STATE OF CALIFORNIA

COUNTY OF Ventura

ON October 4, 2010, BEFORE ME, Kimberly C. Crawford, Notary Public
PERSONALLY APPEARED Richard Glass

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 [Signature] NAME PRINTED Kimberly C. Crawford

COMMISSION EXPIRES November 8, 2012 COMMISSION NO. 1821782

PRINCIPAL OFFICE LOCATED IN COUNTY OF Santa Barbara

NOTARY:

STATE OF CALIFORNIA

COUNTY OF _____

ON _____, 2010, BEFORE ME,
PERSONALLY APPEARED _____

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 _____ NAME PRINTED _____

COMMISSION EXPIRES _____ COMMISSION NO. _____

PRINCIPAL OFFICE LOCATED IN COUNTY OF _____

SURVEYOR'S STATEMENT:

THIS MAP WAS PREPARED BY ME OR UNDER MY DIRECTION AND IS BASED UPON A FIELD SURVEY IN CONFORMANCE WITH THE REQUIREMENTS OF THE SUBDIVISION MAP ACT AND LOCAL ORDINANCE AT THE REQUEST OF CHARLES CRAIL IN FEBRUARY 2010. I HEREBY STATE THAT THIS PARCEL MAP SUBSTANTIALLY CONFORMS TO THE APPROVED OR CONDITIONALLY APPROVED TENTATIVE MAP, IF ANY. ALL MONUMENTS SHOWN ARE OF THE CHARACTER AND OCCUPY THE POSITIONS INDICATED, AND THAT THEY ARE SUFFICIENT TO ENABLE THIS SURVEY TO BE RETRACED.

[Signature]
ROGER HEMMAN PLS 5785
LICENSE EXPIRATION DATE: 6/30/12

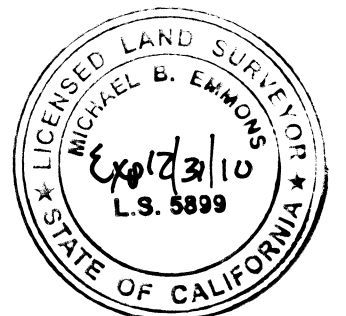
30 Sept. 2010
DATE

**COUNTY SURVEYOR'S STATEMENT:**

I HEREBY STATE THAT I HAVE EXAMINED THIS MAP, THAT THE SUBDIVISION AS SHOWN IS SUBSTANTIALLY THE SAME AS IT APPEARED ON THE TENTATIVE MAP, IF REQUIRED, AND ANY APPROVED ALTERATIONS THEREOF, THAT ALL PROVISIONS OF CHAPTER 2 OF THE SUBDIVISION MAP ACT AND ANY LOCAL ORDINANCES APPLICABLE AT THE TIME OF APPROVAL OF THE TENTATIVE MAP, IF REQUIRED, HAVE BEEN COMPLIED WITH AND THAT I AM SATISFIED THAT THE MAP IS TECHNICALLY CORRECT.

[Signature]
MICHAEL B. EMMONS PLS 5899
COUNTY SURVEYOR
LICENSE EXPIRATION DATE: 12/31/2010

10/15/2010
DATE

**CLERK OF THE BOARD STATEMENT:**

I, MICHAEL F. BROWN, CLERK OF THE BOARD OF SUPERVISORS OF SANTA BARBARA COUNTY, DO HEREBY STATE THAT PURSUANT TO GOVERNMENT CODE SECTION 66464 (STATE SUBDIVISION MAP ACT), THAT THE CERTIFICATES AND DEPOSITS REQUIRED UNDER GOVERNMENT CODE SECTION 66492 AND SECTION 66493 (STATE SUBDIVISION MAP ACT) ON THE PROPERTY WITHIN THIS SUBDIVISION HAVE BEEN FILED AND MADE.

MICHAEL F. BROWN
CLERK OF THE BOARD OF SUPERVISORS
OF SANTA BARBARA COUNTY

BY: [Signature] DEPUTY

RECORDER'S STATEMENT:

FILED THIS 18th DAY OF Oct, 2010 AT 9:35 AM IN BOOK
63 OF PARCEL MAPS AT PAGES 18-22 AT THE REQUEST OF CHARLES
CRAIL.

FEE: \$67.00

JOSEPH E. HOLLAND
COUNTY CLERK-RECORDER
ASSESSOR

BY: [Signature] DEPUTY

NOTARY:

STATE OF CALIFORNIA

COUNTY OF _____

ON _____, 2010, BEFORE ME,

PERSONALLY APPEARED _____

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 _____ NAME PRINTED _____

COMMISSION EXPIRES _____ COMMISSION NO. _____

PRINCIPAL OFFICE LOCATED IN COUNTY OF _____