

**PARCEL MAP No. 20,702**

## OWNERS STATEMENT:

SANTA BARBARA COTTAGE HOSPITAL, A CORPORATION AND SANTA BARBARA COTTAGE HOSPITAL, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION THEREBY STATE THAT WE ARE THE OWNERS OF OR HAVE AN INTEREST IN, THE LAND SHOWN ON THE ATTACHED MAP AND THAT WE ARE THE ONLY PERSONS WHOSE CONSENT IS NECESSARY TO PASS CLEAR TITLE TO SAID LAND. WE CONSENT TO THE PREPARATION AND RECORDATION OF SAID MAP AND SUBDIVISION AS SHOWN WITHIN THE DISTINCTIVE BORDER LINES.

SANTA BARBARA COTTAGE HOSPITAL, A CORPORATION

BY: Ronald C. Werft  
NAME: RONALD C. WERFT  
TITLE: PRESIDENT & CEO  
DATE: DECEMBER 14, 2005

**SANTA BARBARA COTTAGE HOSPITAL,  
A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION**

BY: Ernest C. Werft BY: Steve A. Fellows  
NAME RONALD C. WERFT NAME STEVEN A. FELLOWS  
TITLE: PRESIDENT & CEO TITLE: EXECUTIVE VP & COO  
DATE: DECEMBER 14, 2005 DATE: DECEMBER 14, 2005

STATE OF CALIFORNIA }  
COUNTY OF SANTA BARBARA } SS  
ON THIS 14<sup>TH</sup> DAY OF DECEMBER, 2005, BEFORE ME,<sup>1</sup> <sup>TERESA PETTER</sup> THE UNDERSIGNED, A NOTARY PUBLIC  
IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED RONALD C. WERT  
AND STEVEN A. FELLOWS

PERSONALLY KNOWN TO ME (OR 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/IT/HEY 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.

WITNESS MY HAND AND OFFICIAL SEAL:

SIGNATURE: Teresa Petter  
PRINTED: TERESA PETTER

MY COMMISSION EXPIRES: APRIL 20, 2006

PRINCIPAL OFFICE LOCATED IN COUNTY OF: SANTA BARBARA

STATE OF CALIFORNIA  
COUNTY OF SANTA BARBARA

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2005, BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PERSONALLY KNOWN TO ME (OR 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 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.

WITNESS MY HAND AND OFFICIAL SEAL:

SIGNATURE: \_\_\_\_\_

PRINTED:

**MY COMMISSION EXPIRES:**

PRINCIPAL OFFICE LOCATED IN COUNTY OF:

W.O. 14164.03 14164PM.DWG

**SURVEYOR'S STATEMENT:**

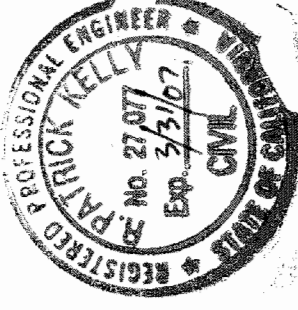
THIS MAP WAS PREPARED BY ME OR UNDER MY DIRECTION AND IS BASED UPON A FIELD SURVEY IN CONFORMANCE WITH THE REQUIREMENTS OF THE SUBDIVISION MAP ACT AND LOCAL ORDINANCE AT THE REQUEST OF SANTA BARBARA COTTAGE HOSPITAL, IN MARCH, 2005. I HEREBY STATE THAT THIS PARCEL MAP SUBSTANTIALLY CONFORMS TO THE APPROVED OR CONDITIONALLY APPROVED TENTATIVE MAP, IF ANY. I HEREBY STATE THAT ALL THE MONUMENTS ARE OF THE CHARACTER AND OCCUPY THE POSITIONS INDICATED, AND THAT THE MONUMENTS ARE SUFFICIENT TO ENABLE THE SURVEY TO BE RETRACED.



KENNETH J. WILSON L.S. 7911  
LICENSE EXPIRATION DATE: 12/31/

## CITY ENGINEER STATEMENT:

I HEREBY STATE THAT I HAVE EXAMINED THIS MAP, THAT THE DIVISION OF LAND 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 THAT ALL 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.



R. PATRICK KELLY - CITY ENGINEER  
R.C.E. 27077 EXP. MARCH 31, 2007

## CITY COUNCIL STATEMENT:

I HEREBY STATE THAT THIS MAP WAS DULY ADOPTED AND ACCEPTED BY THE CITY COUNCIL OF THE CITY OF SANTA BARBARA ON THE 21<sup>ST</sup> DAY OF May, 2005, AND THAT THE CITY CLERK WAS DULY AUTHORIZED AND DIRECTED TO ENDORSE AND THEREON ITS APPROVAL OF THE SAME.

DATED: 5/8/06

CHIEF DEPUTY CITY CLERK  
CITY OF SANTA BARBARA

## 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 OF THE SUBDIVISION MAP ACT, THAT CERTIFICATES AND DEPOSITS REQUIRED UNDER GOVERNMENT CODE SECTION 66492 AND SECTION 66493 ON THE PROPERTY WITHIN THIS SUBDIVISION HAVE BEEN FILED AND ~~MADE~~ UNLESS WAIVED.

**MICHAEL F. BROWN**  
CLERK OF THE BOARD  
OF SUPERVISORS

RECORDER'S STATEMENT:

FILED THIS 16th DAY OF May 2008 AT 11:50 A.M.

IN BOOK 59 OF PARCEL MAPS, AT PAGES 74 THROUGH 75

AT THE REQUEST OF PENFIELD & SMITH ENGINEERS \* SURVEYORS.

JOSEPH E. HOLLAND  
COUNTY CLERK-RECORDER  
SANTA BARBARA COUNTY, CALIFORNIA

BY: Beverly Carter  
DEPUTY