

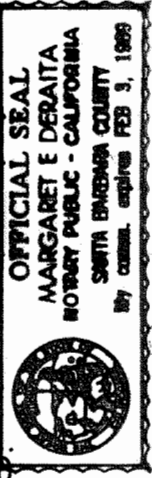
OWNER'S CERTIFICATE:

WE HEREBY CERTIFY THAT WE ARE THE OWNERS OF THE LAND INCLUDED WITHIN THE SUBDIVISION SHOWN ON THE ANNEXED MAP AND THAT WE ARE THE ONLY PERSONS WHOSE CONSENT IS NECESSARY TO PASS A CLEAR TITLE TO SAID LAND. WE CONSENT TO THE MAKING AND RECORDING OF SAID MAP AND SUBDIVISION AS SHOWN WITHIN THE COLORED BORDERED LINES OF THIS MAP.

BY: SAINT FRANCIS HOSPITAL; A CALIF. PUBLIC BENEFIT CORP.
BY: Sister Margaret Ann Fitch, OSF Sister M. S. Sullivan, O.P.F.
BY: MICHELTORENA MEDICAL PARTNERS, A CALIF. GENERAL PARTNERSHIP
BY: K.R. MCGUIRE, INC., A CALIFORNIA CORP., MANAGING PARTNER
BY: K.R. MCGUIRE, PRESIDENT - LESSEE UNDER THAT CERTAIN GROUND LEASE DATED:

STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA } s.s.

ON THIS 22nd DAY OF September, 1987, BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED Sister Margaret Ann Fitch, OSF, PERSONALLY KNOWN TO ME (PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE Chairwoman, AND Sister M. S. Sullivan, O.P.F., PERSONALLY KNOWN TO ME (PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE Vice-Chairman OF SAINT FRANCIS HOSPITAL, THE CORPORATION THAT EXECUTED THE WITHIN INSTRUMENT ON BEHALF OF THE CORPORATION THEREIN NAMED, AND ACKNOWLEDGED TO ME THAT SUCH CORPORATION EXECUTED THE WITHIN INSTRUMENT PURSUANT TO ITS BY-LAWS OR A RESOLUTION OF ITS BOARD OF DIRECTORS.
WITNESS MY HAND AND OFFICIAL SEAL:
SIGNATURE: Margaret E. Deraita
MY COMMISSION EXPIRES: Feb. 3, 1989
PRINCIPAL OFFICE LOCATED IN COUNTY OF: Santa Barbara



STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA } ss

ON THIS 21st DAY OF September, 1987, BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED KIM R. MCGUIRE, PERSONALLY KNOWN TO ME (PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PRESIDENT AND PERSONALLY KNOWN TO ME (PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE Vice-President OF K.R. MCGUIRE, INC., THE CORPORATION THAT EXECUTED THE WITHIN INSTRUMENT ON BEHALF OF MICHELTORENA MEDICAL PARTNERS, THE PARTNERSHIP THAT EXECUTED THE WITHIN INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH CORPORATION EXECUTED THE SAME AS SUCH PARTNER, AND THAT SUCH PARTNERSHIP EXECUTED THE SAME.
WITNESS MY HAND AND OFFICIAL SEAL:
SIGNATURE: Susan Sullivan
PRINTED: Susan Sullivan
MY COMMISSION EXPIRES: June 24, 1990
PRINCIPAL OFFICE LOCATED IN COUNTY OF: Santa Barbara

PARCEL MAP NO. 20,483

BEING A SUBDIVISION OF LOTS 3 AND 4 OF THE DON MATEO ADDITION PER BOOK 4, PAGE 4 OF MAPS & SURVEYS IN THE CITY OF SANTA BARBARA COUNTY OF SANTA BARBARA - STATE OF CALIFORNIA

MAY, 1987

WATERS LAND SURVEYING INC.

J.E. WATERS - LICENSED LAND SURVEYOR
5553 HOLLISTER AVENUE - SUITE "D"
GOLETA CALIFORNIA - 93117
PHONE (805) 967-4416

SOILS REPORT:

A PRELIMINARY SOILS REPORT PREPARED BY COAST VALLEY TESTING, INC. FILE NO. DATED MAY, 1987 BY TIMOTHY J. DOLAN D.C.E. 33758 IS FILED WITH THE SANTA BARBARA CITY ENGINEER.

NOTICE:

THIS MAP AND THE REAL PROPERTY CONTAINED WITHIN THIS SUBDIVISION ARE SUBJECT TO CERTAIN CONDITIONS AS SET FORTH IN BOTH (1) RESOLUTION NO. 10-87 OF THE CITY PLANNING COMMISSION WHICH WAS ADOPTED ON JANUARY 22, 1987, AND AN AGREEMENT EXECUTED BY * AS OWNER AND THE CITY OF SANTA BARBARA, WHICH WAS RECORDED ON OR ABOUT THE TIME OF THE RECORDED OF THIS MAP.

* SAINT FRANCIS HOSPITAL; AND MICHELTORENA MEDICAL PARTNERS

RECORDED'S CERTIFICATE:

FILED THIS 22nd DAY OF October 1987 AT 8:00 A.M. IN BOOK 40 OF PARCEL MAPS AT PAGE 57 AND PAGE 58 AT THE REQUEST OF JOSEPH E. WATERS, L.S. 3804.

FEE: \$8.00

KENNETH A. PETTIT

COUNTY CLERK - RECORDED

BY: Mary Rose Bryson
DEPUTY

SANTA BARBARA CITY COUNCIL:

I HEREBY CERTIFY THAT THIS MAP WAS DULY ADOPTED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF SANTA BARBARA ON THE 13th DAY OF October 1987, AND THE CITY CLERK WAS DULY AUTHORIZED AND DIRECTED TO ENDORSE THEREON ITS APPROVAL.

By: Lily Rossi, Deputy
CITY CLERK - CITY OF SANTA BARBARA
DATE: 10/16/87

CITY ENGINEER'S CERTIFICATE

THIS MAP CONFORMS WITH THE SUBDIVISION MAP ACT AND THE CITY OF SANTA BARBARA SUBDIVISION ORDINANCE.

By: Zane Amundson
CITY ENGINEER - CITY OF SANTA BARBARA
DATE: 10-6-87

SURVEYOR'S CERTIFICATE:

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 ORDINANCES AT THE REQUEST OF K.R. MCGUIRE, INC. IN May 1987. I HEREBY STATE THAT THIS PARCEL MAP SUBSTANTIALLY CONFORMS TO THE APPROVED OR CONDITIONALLY APPROVED TENTATIVE MAP, IF ANY. I ALSO CERTIFY THAT THE MONUMENTS SHOWN ARE OF THE CHARACTER AND OCCUPY THE POSITIONS SHOWN HEREON AND ARE SUFFICIENT TO ENABLE THE SURVEY TO BE RETRACED.

By: Joseph E. Waters
JOSEPH E. WATERS
L.S. 3804
DATE: Oct. 2, 1987

COUNTY CLERK'S CERTIFICATE:

I, KENNETH A. PETTIT, CLERK OF THE BOARD OF SUPERVISORS OF SANTA BARBARA COUNTY DO HEREBY CERTIFY PURSUANT TO GOVERNMENT CODE SECTION 66404 OF THE SUBDIVISION MAP ACT THAT CERTIFICATES AND DEPOSITS REQUIRED UNDER GOVERNMENT CODE SECTION 66492 AND 66493 HAVE BEEN FILED AND MADE.

KENNETH A. PETTIT
COUNTY CLERK - RECORDER
AND EX-OFFICIO CLERK OF
THE BOARD OF SUPERVISORS

BY: Lily Rossi
DEPUTY
DATE: 10-19-87