



RECORDING REQUESTED BY  
SAN LUIS OBISPO COUNTY

WHEN RECORDED, RETURN TO:

Planning Director  
County Government Center  
San Luis Obispo, CA 93408

CERTIFICATE OF COMPLIANCE

THE FOLLOWING REAL PROPERTY AND THE RECONFIGURATION THEREOF INTO ONE (1) PARCEL AS OF THE DATE OF RECORDATION OF THIS DOCUMENT, HAS BEEN DETERMINED TO BE IN COMPLIANCE WITH APPLICABLE PROVISIONS OF THE SUBDIVISION MAP ACT OF THE STATE OF CALIFORNIA AND LOCAL ORDINANCES ENACTED PURSUANT THERETO. SAID REAL PROPERTY IS A PARCEL WHICH IS THE RESULT OF LOT LINE ADJUSTMENT COAL 91-151, APPROVED BY THE BOARD OF SUPERVISORS ON AUG. 25, 1992. THE PARCEL CAN NOT BE SOLD IN UNITS OTHER THAN AS DESCRIBED HEREIN, WITHOUT FIRST HAVING COMPLIED WITH ALL REQUIREMENTS OF THE STATE SUBDIVISION MAP ACT AND THE COUNTY'S REAL PROPERTY DIVISION ORDINANCE. SAID REAL PROPERTY BEING DESCRIBED AS:

PORTIONS OF GOVERNMENT LOTS 10, 11, 14, AND 15 OF SECTION 17, AND A PORTION OF GOVERNMENT LOT 3 OF SECTION 20, ALL IN TOWNSHIP 30 SOUTH, RANGE 15 EAST, MOUNT DIABLO BASE AND MERIDIAN, IN THE COUNTY OF SAN LUIS OBISPO, STATE OF CALIFORNIA, PER THE OFFICIAL GOVERNMENT PLAT, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF LOT 12 OF SAID SECTION 17;

THENCE N 86°41' E, 1875 FEET ALONG THE NORTH LINE OF LOTS 11 AND 12 OF SAID SECTION 17, TO THE TRUE POINT OF BEGINNING;

THENCE S 3°37' E, 2500 FEET MORE OR LESS, PARALLEL TO THE EAST LINE OF SAID LOTS 10 AND 15, TO THE SOUTHERLY LINE OF THE COUNTY ROAD FROM SANTA MARGARITA TO POZO (KNOWN AS POZO ROAD);

THENCE EASTERLY, 1300 FEET, MORE OR LESS, ALONG SAID SOUTHERLY LINE TO THE EASTERLY LINE OF SAID LOT 3;

THENCE N 0°48' E, 350 FEET MORE OR LESS, ALONG SAID EASTERLY LINE TO THE NORTHWEST CONER OF SAID LOT 3;

THENCE S 83°52' E, 114 FEET ALONG THE SOUTH LINE OF SAID LOT 15;

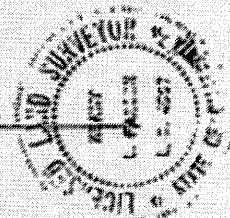
THENCE N 3°37' W, 2150 FEET MORE OR LESS, PARALLEL TO SAID EAST LINE OF LOTS 10 AND 15 OF SAID SECTION 17, TO THE NORTH LINE OF SAID LOTS 10 AND 11;

THENCE S 86°41' W, 1310 FEET ALONG SAID NORTH LINE TO THE TRUE POINT OF BEGINNING, AND CONTAINING 74 ACRES, MORE OR LESS.

*Kenny L. Fargen*  
KENNY L. FARGEN, L.S. 4597  
LICENSE EXPIRATION DATE: 9-30-95  
(61.75) PARCL3

10-6-92  
DATE

DATE 1-9-95 APPROVED  
[Signature]  
Engineering Department



PARCL3.DWG

55005  
007079



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SAN LUIS OBISPO COUNTY

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San Luis Obispo, CA 93408

RECORD OWNERS:

THE GOUFF FAMILY TRUST

By: Alice E. Gouff  
ALICE E. GOUFF, TRUSTEE

By: Robert A. Nevins  
ROBERT A. NEVINS

STATE OF CALIFORNIA )  
COUNTY OF SAN LUIS OBISPO ) SS

~~ON \_\_\_\_\_, 19\_\_\_\_, BEFORE ME, THE UNDERSIGNED,  
NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY  
APPEARED \_\_\_\_\_  
PERSONALLY KNOWN TO ME (OR PROVED TO ME ON THE BASIS  
OF SATISFACTORY EVIDENCE) TO BE THE PERSON, WHOSE  
NAME \_\_\_\_\_ SUBSCRIBED TO THE WITHIN INSTRUMENT, AND  
ACKNOWLEDGED THAT \_\_\_\_\_ EXECUTED THE SAME.~~

~~WITNESS MY HAND AND OFFICIAL SEAL.~~

~~SEAL~~

~~NOTARY PUBLIC~~

By: Ruth Allen  
RUTH ALLEN WHO ACQUIRED TITLE AS  
RUTH LEIGHT WEHUNT

By: Robert Righetti  
ROBERT RIGHETTI

By: Lillie Marie Merritt  
LILLIE MARIE MERRITT

STATE OF CALIFORNIA )  
COUNTY OF SAN LUIS OBISPO ) SS

~~ON \_\_\_\_\_, 19\_\_\_\_, BEFORE ME, THE UNDERSIGNED,  
NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY  
APPEARED \_\_\_\_\_  
PERSONALLY KNOWN TO ME (OR PROVED TO ME ON THE BASIS  
OF SATISFACTORY EVIDENCE) TO BE THE PERSON, WHOSE  
NAME \_\_\_\_\_ SUBSCRIBED TO THE WITHIN INSTRUMENT, AND  
ACKNOWLEDGED THAT \_\_\_\_\_ EXECUTED THE SAME.~~

~~WITNESS MY HAND AND OFFICIAL SEAL.~~

~~SEAL~~

~~NOTARY PUBLIC~~

1-07075

007979

1-05055  
0057079

STATE OF CALIFORNIA

COUNTY OF SAN LUIS OBISPO

On 9-12-94 before me, P.J.COOPER, NOTARY PUBLIC,  
personally appeared Robert Righetti & Ruth Allen, 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/they  
executed the same in his/her/their authorized capacities, 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

P.J. Cooper

(SEAL)



1-0-0-5

0-0-7-0-7-0

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

No. 5907

State of California  
County of Orange

On 8-29-94 before me, Jon M. Polentz, Notary Public  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Robert A. Nevins  
NAME(S) OF SIGNER(S)

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/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.

Jon M. Polentz  
SIGNATURE OF NOTARY

**OPTIONAL**

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

**CAPACITY CLAIMED BY SIGNER**

- INDIVIDUAL
- CORPORATE OFFICER
- PARTNER(S)  LIMITED
- ATTORNEY-IN-FACT  GENERAL
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

**DESCRIPTION OF ATTACHED DOCUMENT**

Certificate of Compliance  
TITLE OR TYPE OF DOCUMENT

3

NUMBER OF PAGES

10-6-92

DATE OF DOCUMENT

Alice E. Gault  
Robert Righetti  
Lillie Marie Merritt  
SIGNER(S) OTHER THAN NAMED ABOVE

SIGNER IS REPRESENTING:  
NAME OF PERSON OR ENTITY

1-07055

0077070

State of California  
County of San Luis Obispo

On 10/6/98 before me, K. S. McClain  
(NAME/TITLE OF OFFICER (i.e. "JANE DOE, NOTARY PUBLIC")  
personally appeared MICHAEL E. GONZALEZ  
(NAME(S) OF SIGNER(S))

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/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.

(SEAL)

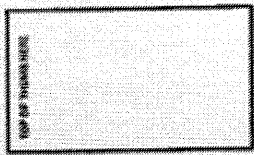
K. S. McClain  
(SIGNATURE OF NOTARY)

**ATTENTION NOTARY**

The information requested below and in the column to the right is **OPTIONAL**. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:  
Title or Type of Document Certificate of Appointment  
Number of Pages \_\_\_\_\_ Date of Document 10/6/98  
Signer(s) Other Than Named Above \_\_\_\_\_

RIGHT THUMBPRINT (Optional)



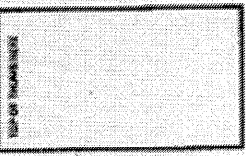
CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE \_\_\_\_\_

OFFICER(S) \_\_\_\_\_  
 PARTNER(S)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity(ies))

The Gonzalez Family  
Kenex

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE \_\_\_\_\_

OFFICER(S) \_\_\_\_\_  
 PARTNER(S)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity(ies))



1-57095

00070700

State of California  
County of San Luis Obispo

On 10-06-94 before me, K.S. McClain  
DATE NOTARY PUBLIC  
personally appeared Jillie Marie Merritt  
NAME(S) OF SIGNER(S)

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/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.

(SEAL)

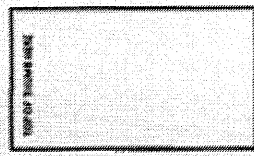
[Signature]  
(SIGNATURE OF NOTARY)

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**THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:**  
Title or Type of Document Cert. of Compliance  
Number of Pages \_\_\_\_\_ Date of Document 10-06-94  
Signer(s) Other Than Named Above \_\_\_\_\_

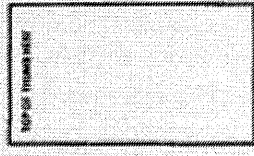
RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE \_\_\_\_\_  
OFFICER(S) \_\_\_\_\_  
 PARTNER(S)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity/ies)  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE \_\_\_\_\_  
OFFICER(S) \_\_\_\_\_  
 PARTNER(S)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity/ies)  
\_\_\_\_\_  
\_\_\_\_\_

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ALL PURPOSE ACKNOWLEDGMENT WITH SIGNER CAPACITY REPRESENTATION TWO FINGERPRINTS

