

RECORDING REQUESTED BY  
CITY OF POMONA

WHEN RECORDED, MAIL TO:

CITY OF POMONA-CITY CLERK  
505 S. Garey Ave. P.O. Box 660  
Pomona, CA 91769

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

**TITLE**

**NOTICE OF LOT MERGER**

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## NOTICE OF LOT MERGER

Subdivision Map Act

**LM10-2018**

The lot lines of the following described properties have been merged under the provision of Section 66499.20.3 of the Subdivision Map Act of the State of California and local ordinances enacted pursuant thereto by the City of Pomona. It has been determined that evidence submitted is reasonable in nature and sufficient to constitute a certificate of compliance in accordance with provisions of Section 66499.35 (a) of the Subdivision Map Act and local ordinances enacted pursuant thereto by the City of Pomona.

The City of Pomona has no objection to the property owned by **Tri-City Mental Health Authority**, as shown in the Los Angeles County Assessors Map Book and listed as APNs **8339-027-910 & 8339-027-911**, per the attached **Exhibit "A"** and **Exhibit "B"**, and located at **1403 N. Garey Ave., Pomona, CA**, being sold or leased as a single parcel. Therefore, the City of Pomona does not consider this transaction to be in violation of the Subdivision Map Act of the State of California.

The City Council of the City of Pomona, California heard evidence on \_\_\_\_\_, and approved this Lot Merger.

Property Address: **1403 N. Garey Ave., Pomona, CA**

**Tri-City Mental Health Authority**

Owners' Name(s): Tri-City Mental Health Authority

Signature(s): 

Print Name(s) Antonette Navarro

Title(s): Executive Director

THE CITY OF POMONA

BY: \_\_\_\_\_  
Rene Christopher Guerrero, P.E.  
City Engineer

NOTARY ACKNOWLEDGMENT REQUIRED

## CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1–6 below)  
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1  
2  
3  
4  
5  
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 Los Angeles

Subscribed and sworn to (or affirmed) before me

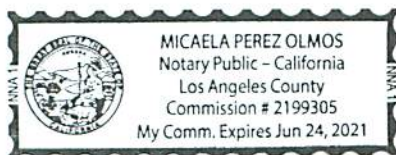
on this 4th day of February, 2019,  
 by Date Month Year

(1) Antonette Marie Navarro

(and (2) \_\_\_\_\_),  
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.

Signature [Signature]  
 Signature of Notary Public



Seal  
 Place Notary Seal Above

## OPTIONAL

Though this section is 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: Notice of Lot Merger Document Date: 2/4/19  
 Number of Pages: 2 Signer(s) Other Than Named Above: None