

RECORDING REQUESTED BY:

San Bernardino County
Real Estate Services Department
385 N. Arrowhead Ave., 3rd Floor
San Bernardino, CA 92415-0180

WHEN RECORDED MAIL TO:

Same as above

RECORDER: EXEMPT:

This instrument is for the benefit of the County of San Bernardino and is entitled to be recorded without fee subject to Govt. Codes 6103

A.P.N(s): 0357-211-22

GRANT DEED

Dept. Code:11200

The undersigned grantor(s) declare(s):

DOCUMENTARY TRANSFER TAX \$0.00 Conveyance to Government Entity. R&T 11922

- ☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at the time of sale
☐ Unincorporated Area ☒ City of Hesperia

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT, MONTAIN SERVICE ZONE,

hereby GRANT(S) to **American Pacific Investments LLC, a Limited Liability Co,** the following real property in the City of Hesperia, County of San Bernardino, State of California:

See attached EXHIBIT "A" Legal Description

By:



Curt Hagman, Chairman, Board of Directors
County of San Bernardino

Dated:

OCT 08 2010

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE

American Pacific Investments, LLC

PO BOX 8181

La Verne, CA 91750

Name

Street Address

City & State

EXHIBIT "A"

Legal Description

THE LAND REFERRED TO HEREIN IS SITUATED IN THE COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA, AND IS DESCRIBED AS FOLLOWS:

THAT PORTION OF SECTION 30 TOWNSHIP 3 NORTH, RANGE 4 WEST, SAN BERNARDINO BASE AND MERIDIAN, IN THE COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA, ACCORDING TO THE OFFICIAL PLAT THEREOF.

SAID PORTION DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE SOUTH LINE OF SAID SECTION 30, SAID POINT OF BEGINNING BEING SOUTH 89° 24' 46" WEST 1950.30 FEET FROM THE SOUTHEAST CORNER OF SAID SECTION 30;

THENCE NORTH 0° 07' 37" WEST 223.22 FEET, SAID POINT BEING ON THE CENTER OF THE PAVED PORTION OF EXISTING STATE HIGHWAY 173;

THENCE SOUTH 82° 49' 13" WEST 100.70 FEET;

THENCE SOUTH 0° 07' 37" EAST 212.44 FEET TO A POINT ON THE SOUTH LINE OF SAID SECTION 30, SAID POINT BEING SOUTH 89° 24' 46" WEST 2050.30 FEET FROM THE SOUTHEAST CORNER OF SAID SECTION 30;

THENCE NORTH 89° 24' 46" EAST ALONG THE SOUTH LINE OF SAID SECTION 30, 100.00 FEET TO THE POINT OF BEGINNING

TOGETHER WITH;

THE EAST ONE-HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 31, TOWNSHIP 3 NORTH, RANGE 4 WEST, SAN BERNARDINO BASE AND MERIDIAN, IN THE COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA, ACCORDING TO THE OFFICIAL PLAT THEREOF

EXCEPTING THEREFROM ALL THAT PORTION THEREOF DESCRIBED IN TAX DEED TO PURCHASER OF TAX DEFAULTED PROPERTY RECORDED JUNE 15, 2018 AS INSTRUMENT NO. 2018-0217217 OF OFFICIAL RECORDS OF SAN BERNARDINO COUNTY, CALIFORNIA.

APN: 0357-211-22-0000

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

CIVIL CODE § 1189

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 San Bernardino }

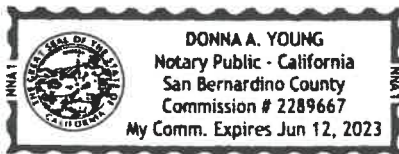
On October 8, 2019 before me, Donna A. Young, Notary Public
Date Here Insert Name and Title of the Officer

Personally appeared Curt Hagman
Name(s) of Signer(s)

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 be 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.



Place Notary Seal and/or Stamp Above

Signature

Donna A. Young
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attachment Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer is Representing: _____