

RECORDING REQUESTED BY
PATRICK J. MINTURN
RETURN TO:
SHASTA COUNTY DEPARTMENT OF PUBLIC WORKS
1855 PLACER STREET
REDDING, CA 96001

NO FEE - COUNTY BUSINESS
GOVERNMENT CODE §-6103
AP NO. 207-490-002 (a portion)
PROJECT: Olinda Road Widening (ROAD)

DPW NO. 2G01-2016-008

-----Space above this line for Recorder's use only-----
UNINCORPORATED AREA DTT = \$0 - R&T §11922

EASEMENT DEED

IN CONSIDERATION, receipt of which is hereby acknowledged,

FREDERICK E. EISZELE and PAMELA K. EISZELE, husband and wife, as joint tenants, **HEREBY GRANTS** to the **COUNTY OF SHASTA**, a political subdivision of the State of California, a permanent easement for public purposes in, upon, over, under, across and along the following described real property situated in northwest one-quarter of Section 19, Township 30 North, Range 4 West, M.D.B. & M., in the unincorporated area of County of Shasta, State of California, more particularly described in **EXHIBITS 'A' and 'B'**, attached hereto and made a part hereof.

By 
FREDERICK E. EISZELE

Dated 4-20-17

By 
PAMELA K. EISZELE

Dated 4/20/17

COUNTY OF SHASTA

STATE OF CALIFORNIA

E A S E M E N T D E E D

FREDERICK E. EISZELE and PAMELA K. EISZELE

T O

COUNTY OF SHASTA

(CERTIFICATE OF ACCEPTANCE, GOVERNMENT CODE, SECTION 27281)

THIS IS TO CERTIFY that the interest in real property conveyed by the deed or grant dated _____, from FREDERICK E. EISZELE and PAMELA K. EISZELE, to the COUNTY OF SHASTA, State of California, a governmental agency (a political subdivision of the State of California) is hereby accepted by order of the Board of Supervisors on _____, and the grantee hereby consents to the recordation thereof by its duly authorized officer.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 2017.

LAWRENCE G. LEES
Clerk of the Board of Supervisors

By _____
Deputy

Legal Description Eiszele
– Olinda Road Widening Project- West

EXHIBIT "A"

All that portion of real property situated in the northwest one-quarter of Section 19, Township 30 North, Range 4 West, M.D.B. & M., in the unincorporated area of the County of Shasta, State of California, as conveyed to Frederick E. Eiszele and Pamela K. Eiszele, husband and wife, as joint tenants by deed recorded April 30, 1993 in Official Records Book 2996 at Page 230 Shasta County Records, lying northerly of a Right of Way line as shown on Exhibit "B", attached hereto and made a part thereof, said Right of Way line lying 30.00 feet southerly of and parallel with the centerline of monumentation for construction of a portion of Olinda Road, Shasta County Road No. 2G01, as shown on that certain Record of Survey for Olinda Road filed March 23, 2016 in Book 58 of Land Surveys at Page 140, Shasta County Records.

Being a portion of APN 207-490-002

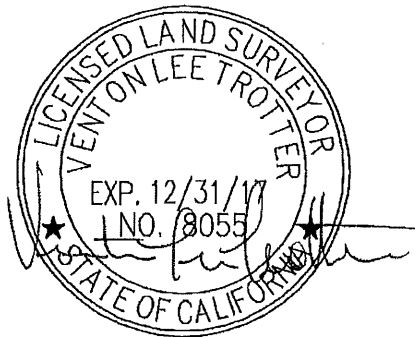
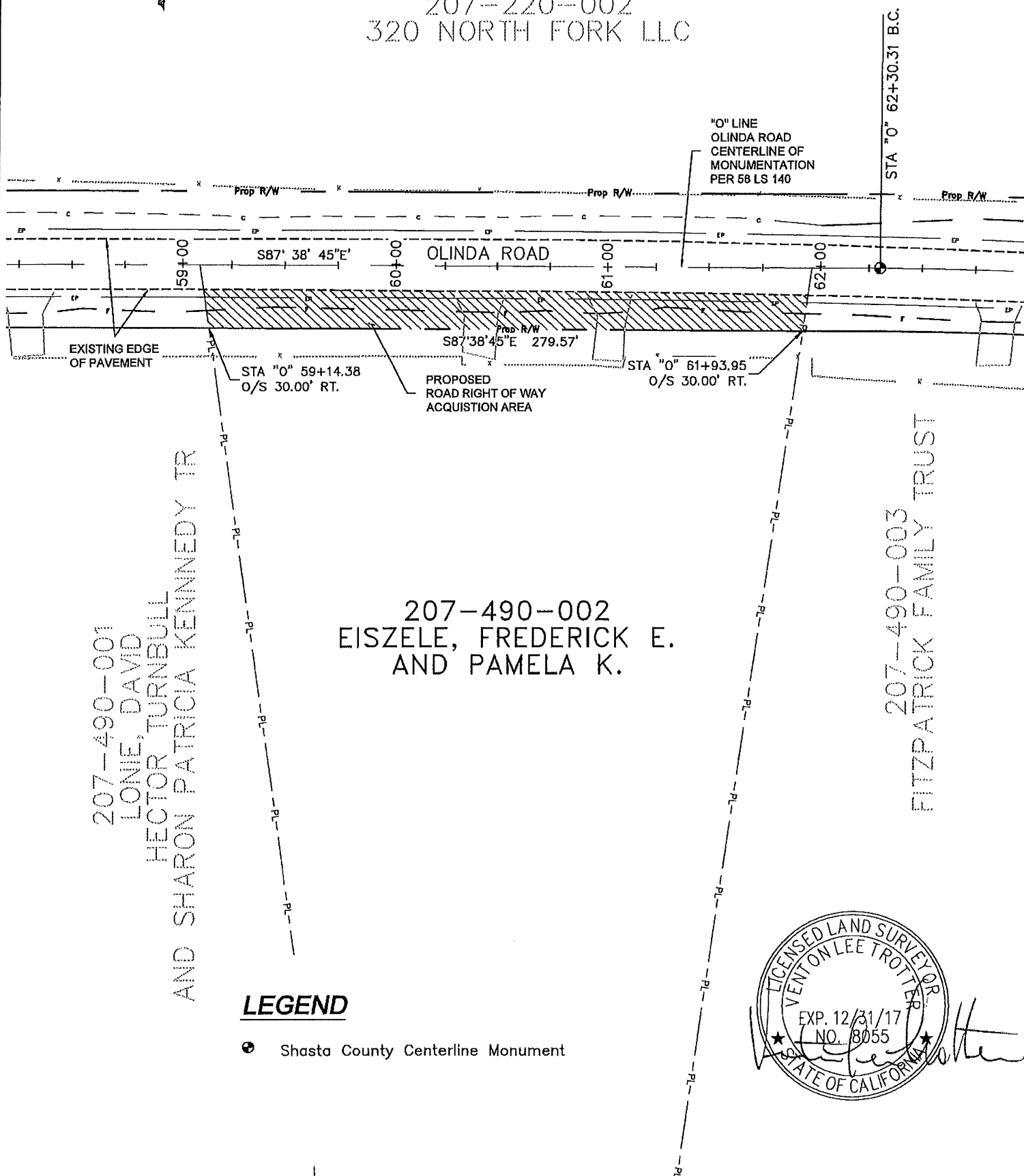


EXHIBIT "B"

SCALE 1"=60'



207-220-002
320 NORTH FORK LLC



LEGEND

● Shasta County Centerline Monument



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**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.

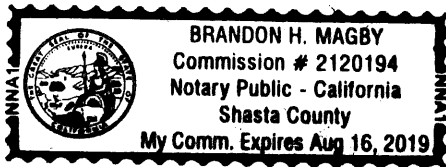
State of California)

County of SHASTA)On APRIL 20, 2017 before me, BRANDON H. MAGBY, NOTARY PUBLIC,
Date Here Insert Name and Title of the Officerpersonally appeared FREDRICK E. EISZLE & PAMELA K. EISZLE
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 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.

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.

Signature [Signature]
Signature of Notary Public*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: _____ 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: _____