

RECORDING REQUESTED BY  
FIRST AMERICAN TITLE

**RECORDING REQUESTED BY**  
First American Title Co.

**AND WHEN RECORDED MAIL DOCUMENT  
AND TAX STATEMENT TO:**

County of Santa Barbara  
610 Mission Canyon Road  
Santa Barbara CA 93105

Space Above This Line for Recorder's Use Only

A.P.N.: 105 390 46

File No.: 4201-2381936 (LC)

**GRANT DEED**

The Undersigned Grantor(s) Declare(s): DOCUMENTARY TRANSFER TAX \$**NO TAX DUE - TRANSFER TO GOVERNMENTAL AGENCY - Govt Code Section 6103**; CITY TRANSFER TAX \$**NO TAX DUE**;  
SURVEY MONUMENT FEE \$**NONE**

[        ] computed on the consideration or full value of property conveyed, OR  
[        ] computed on the consideration or full value less value of liens and/or encumbrances remaining at time of sale,  
[    **x**    ] unincorporated area; [    ] City of , and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **Stonegate Orcutt Venture, LLC, a California limited liability company**

hereby GRANTS to **County of Santa Barbara, a policital subdivision of the State of California**

the following described property in the unincorporated area of , County of **Santa Barbara**, State of **California**:

**PARCEL ONE:**

**LOT 46, OF TRACT NO. 14481 IN THE COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA, AS SHOWN ON MAP OF SAID TRACT RECORDED OCTOBER 12, 2006 IN BOOK 202, PAGES 38 THROUGH 42 INCLUSIVE OF MAPS IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.**

**EXCEPTING THEREFROM ALL RIGHTS TO THE WATER, MINERALS, OIL, GAS AND OTHER HYDROCARBON SUBSTANCES LYING BELOW A DEPTH OF 500 FEET BELOW THE SURFACE OF SAID LAND, WITHOUT THE RIGHT OF ENTRY, AS RESERVED BY BOREL BANK AND TRUST COMPANY, SUCCESSOR TRUSTEE UNDER THAT CERTAIN DEED OF TRUST RECORDED DECEMBER 8, 1923 IN BOOK 223, PAGE 413 OF DEEDS, IN DEED RECORDED FEBRUARY 12, 2001 AS INSTRUMENT NO. 2001-0010186 OF OFFICIAL RECORDS.**

**GRANTOR shall defend, indemnify, save and hold harmless Grantee, its agents, employees, officers, successors and assigns, from any and all claims, liabilities, demands, costs (including reasonable attorney fees) and causes of action of all kinds with regard to contamination by harmful, hazardous and/or toxic materials released upon the subject property by grantor or by any third party under Grantor's control or at Grantor's direction. The foregoing indemnity shall apply only to the extent permitted by applicable law and shall not limit either Grantor's liability or Grantee's remedy under such law.**

**This indemnity shall not apply to any contamination which may occur on the subject property as a result of the operations of Grantee subsequent to the recording of this deed.**

**CERTIFICATE OF ACCEPTANCE:**

Mail Tax Statements To: **SAME AS ABOVE**

Date: **03/17/2009**

**State of California**  
**County of Santa Barbara ss**

**This is to certify that the interest in real property conveyed by the Grant Deed dated March 16, 2009 from Stonegate Orcutt Venture, LLC a California Limited Liability Company to the County of Santa Barbara, a political subdivision of the State of California is accepted by the Board of Supervisors of the County of Santa Barbara on \_\_\_\_\_ as grantee consents to the recordation of said deed by its duly authorized officer.**

**Witness my hand and official seal**


this \_\_\_\_\_ day of \_\_\_\_\_ 2009

**MICHAEL F. BROWN**  
**Clerk of the Board**

By \_\_\_\_\_ (Deputy)

APPROVED AS TO FORM  
DENNIS MARSHALL  
COUNTY COUNSEL

By:

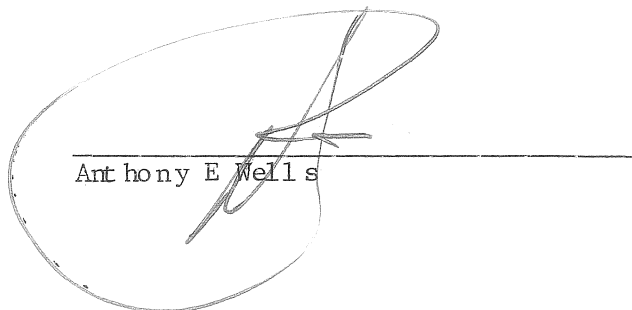
  
Deputy County Counsel

Date: **03/17/2009**

A.P.N.: 105 390 46

File No.: 4201-2381936 (LC)

Dated: **03/17/2009**Stonegate Orcutt Venture, LLC, a California  
limited liability company
  
 By: Dixie L. Wells, Manager

  
 Anthony E. Wells

 STATE OF California )SS  
 COUNTY OF Santa Barbara

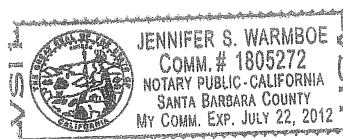
 On March 17 2009, before me, Jennifer S. Warmboe, Notary  
 Public, personally appeared Dixie L. Wells

, 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


My Commission Expires: 7-22-2012

This area for official notarial seal

Notary Name: Jennifer S. Warmboe Notary Phone: 805-347-2922Notary Registration Number: 1805272 County of Principal Place of Business: SantaBarbara

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

File No: ( )

APN No:

STATE OF California )  
COUNTY OF Santa Barbara )

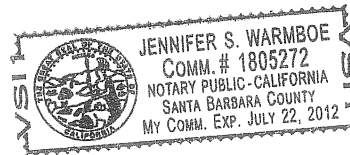
On March 19 2009 before me, Jennifer S. Warmboe, Notary Public, personally appeared  
Anthony E. Wells

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 Jennifer S. Warmboe



This area for official notarial seal.

### OPTIONAL SECTION CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the documents.

- ☐ INDIVIDUAL  
☐ CORPORATE OFFICER(S) TITLE(S)  
☐ PARTNER(S) ☐ LIMITED ☐ GENERAL  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER

SIGNER IS REPRESENTING:

Name of Person or Entity

Name of Person or Entity

### OPTIONAL SECTION

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

**THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW**

TITLE OR TYPE OF DOCUMENT: \_\_\_\_\_

NUMBER OF PAGES \_\_\_\_\_ DATE OF DOCUMENT \_\_\_\_\_

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_