

CERTIFICATE OF ACCEPTANCE

STATE OF CALIFORNIA, COUNTY OF SANTA BARBARA: SS.

THIS IS TO CERTIFY that the interest in real property conveyed by the GRANT DEED dated \_\_\_\_\_, \_\_\_\_\_, from NORTHWEST HEALTH CENTERS OF SANTA MARIA, a California Corporation, as Grantor, to COUNTY OF SANTA BARBARA, a political subdivision of the State of California, as Grantee, is hereby accepted by the Board of Supervisors on \_\_\_\_\_, \_\_\_\_\_ and the County of Santa Barbara consents to recordation thereof by its duly authorized officer.

WITNESS my hand and official seal

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

CLERK  
CLERK OF THE BOARD OF SUPERVISORS  
COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
Deputy

APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By:   
Deputy Counsel