City and County of San Francisco

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Phone: (415) 554-5827 Fax: (415) 554-5324

http://www.sfdpw.com subdivision.mapping@sfdpw.org

Department of Public Works Office of the City and County Surveyor

> 1155 Market Street, 3rd Floor San Francisco, CA 94103

Bruce R. Storrs, City and County Surveyor

Edwin M. Lee, Mayor Mohammed Nuru, Director

Fuad S. Sweiss, PE, PLS, City Engineer & Deputy Director of Engineering

TENTATIVE MAP DECISION

Date: March 31, 2014

Department of City Planning 1650 Mission Street, Suite 400 San Francisco, CA 94103

Project I Project Typ	e:5 Units Condo Con	version	
Address#	StreetName	Block	Lot
3520 - 3524	17TH ST	3567	014

Attention: Mr. Scott F. Sanchez

The subject Tentative Map has been reviewed by the Planning Department and does comply with applicable provisions of the Planning Code. On balance, the Tentative Map is consistent with the General Plan and the Priority Policies of Planning Code Section 101.1 based on the attached findings. The subject referral is exempt from environmental review per Class 1 California Environmental Quality Act Guidelines.



The subject Tentative Map has been reviewed by the Planning Department and does comply with applicable provisions of the Planning Code subject to the following conditions (Any requested documents should be sent in with a copy of this letter to Scott F. Sanchez at the above address):

The subject Tentative Map has been reviewed by the Planning Department and does not comply with applicable provisions of the Planning Code. Due to the following reasons (Any requested documents should be sent in with a copy of this letter to Scott F. Sanchez at the above address):

Enclosures:

- X Application
- X Print of Tentative Map

Sincerely, Bruce R. Storrs, P.L.S. City and County Surveyor

Moreleaux (M. Bondreaux) for

Mr. Scott F. Sanchez, Zoning Administrator

IMPROVING THE QUALITY OF LIFE IN SAN FRANCISCO

Teamwork

Continuous Improvement

RECORDING REQUESTED BY:)	
R. Boyd McSparran, Esq.)	CONFORMED COPY of document recorded
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R. Boyd McSparran, Esq.)	O WITH COCHINENT HO
Name:)	This document has not been compared with the original SAN FRANCISCO ASSESSOR-RECORDER
Goldstein Gellman, et al.,)	
Address:)	
1388 Sutter Street, Ste. #1000)	RADV
City:)	GUPY
San Francisco,)	regover annual some
State: California 94109)	Space Above this Line For Recorder's Use

I (We):YAIR AVGAR, DAPHNA SHOHAMY, JOHN POLONI, GRAHAM E. DOBSON, CHARLES K. HUGHES, GRACE C. SHOHET, DAVID C. BROWNSTEIN, WILLIAM MICHAEL HENN & NANETTE DUFFY, the owner(s) of that certain real property situated in the City and County of San Francisco, State of California more particularly described as follows:

(PLEASE ATTACH THE LEGAL DESCRIPTION AS ON DEED) BEING ASSESSOR'S BLOCK: 3567; LOT: 014, COMMONLY KNOWN AS: 3520-3524 17TH STREET.

hereby give notice that there are special restrictions on the use of said property under Part II, Chapter II of the San Francisco Municipal Code (Planning Code).

Said Restrictions consist of conditions attached to the approval of Condominium Conversion Application No. 2014.0514Q by the Planning Department as a referral from the Department of Public Works, Bureau of Street-Use and Mapping, Project ID: 8139.

The tentative map filed with the present application indicates that the subject building at 3520-3524 17th Street is a five-unit, two building property located in a RM-1 (Mixed (Apartments and House, Low Density) Zoning District. Within the RM-1 Zoning District, one dwelling unit per 800 square feet is permitted, therefore a maximum of three (3) dwelling units can be considered legal and conforming to the Planning Code. The remaining two units must be considered legal, nonconforming dwelling units.

The restrictions and conditions of which notice is hereby given are:

- 1. That two (2) of the dwelling units shall be designated as nonconforming dwelling units if and when any future expansion occurs. Section 181 of the Planning Code provides that a nonconforming use, and any structure occupied by such a use shall not be enlarged, intensified, extended or moved to another location, unless the result will be the elimination of the non-conforming use with exceptions outlined under Section 181(b) of the Code.
- 2. That the remaining three (3) dwelling units shall remain legal and conforming, subject to all of the restrictions of the Code, and any other applicable City Codes. In case of conflict, the more restrictive City Code shall apply.
- 3. Minor modifications as determined by the Zoning Administrator may be permitted.
- 4. The property owner(s) shall record a copy of these conditions with the Office of the Recorder of the City and County of San Francisco as part of the property records for the block and lot identified above.

The use of said property contrary to these special restrictions shall constitute a violation of the Planning Code, and no release, modification or elimination of these restrictions shall be valid unless notice thereof is recorded on the Land Records by the Zoning Administrator of the City and County of San Francisco.

Dated: ______ at San Francisco, California.

YAIR AVGAR

(Owner's Name)

(Owner's Signature)

Date

DAPHNA SHOHAMY

GRAHAM E. DOBSON

(Owner's Name)

(Owner's Signature) Date

IOHN POLONI

(Owner's Name)

(Owner's Name)

(Owner's Signature) Date

5		5-27-14
	(Owner's Signature)	Date

.

<u>CHARLES K. HUGHES</u> (Owner's Name)	Cherle, Her (Owner's Signature)	-5/27/14 Date
<u>GRACE C. SHOHET</u> (Owner's Name)	(Owner's Signature)	Date
DAVID C. BROWNSTEIN (Owner's Name)	(Owner's Signature)	Date
WILLIAM MICHAEL HENN (Owner's Name)	(Owner's Signature)	Date
NANETTE DUFFY (Owner's Name)	(Owner's Signature)	Date

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Dated:	at San Francisco, California.	
	1	
		d. d.
YAIR AVGAR		5121114
(Owner's Name)	(ϕ wner's Signature)	Date
DAPHNA SHOHAMY		
(Owner's Name)	(Owner's Signature)	Date
JOHN POLONI		
(Owner's Name)	(Owner's Signature)	Date
	5	
GRAHAM E. DOBSON		
(Owner's Name)	(Owner's Signature)	Date
(Owner b trunie)	(Owner 5 orginature)	Dute

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Dated: _______ at San Francisco, California.

YAIR AVGAR	
(Owner's Name)	(Owner's Signature) Date
	Ũ
DAPHNA SHOHAMY	Sun 5/19/14
(Owner's Name)	(Owner's Signature) Date
JOHN POLONI	
(Owner's Name)	(Owner's Signature) Date
• 5 5 * 1000005 12 UL * •	
GRAHAM E. DOBSON	
(Owner's Name)	(Owner's Signature) Date
(Owner 5 Manie)	(Owner 5 Orginature) Date

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Dated: _______ at San Francisco, California.

YAIR AVGAR		
(Owner's Name)	(Owner's Signature)	Date
DAPHNA SHOHAMY		
(Owner's Name)	(Owner's Signature)	Date
IOHN POLONI JAL	5	124/14
(Owner's Name)	(Owner's Signature)	Date
GRAHAM E. DOBSON		
(Owner's Name)	(Owner's Signature)	Date

CHARLES K. HUGHES		
(Owner's Name)	(Owner's Signature)	Date
GRACE C. SHOHET		
(Owner's Name)	 (Owner's Signature) 	Date
(1 COC	-1 -1
DAVID C. BROWNSTEIN	11/CM	5/27/19
(Owner's Name)	(Owner's Signature)	Date
	-	
WILLIAM MICHAEL HENN		
(Owner's Name)	(Owner's Signature)	Date
	han de grann a	
NANETTE DUFFY		
(Owner's Name)	(Owner's Signature)	Date

20

This signature(s) must be acknowledged by a notary public before recordation; add Notary Public Certification and Official Notarial Seal.

11 2 2

CHARLES K. HUGHES		
(Owner's Name)	(Owner's Signature)	Date
GRACE C. SHOHET		
(Owner's Name)	(Owner's Signature)	Date
DAVID C. BROWNSTEIN		
(Owner's Name)	(Owner's Signature)	Date
WILLIAM MICHAEL HENN	William Mitza	6/24/14
(Owner's Name)	(Owner's Signature)	Date
NANETTE DUFFY		
(Owner's Name)	(Owner's Signature)	Date

CHARLES K. HUGHES		
(Owner's Name)	(Owner's Signature)	Date
GRACE C. SHOHET		
(Owner's Name)	(Owner's Signature)	Date
DAVID C. BROWNSTEIN		
(Owner's Name)	(Owner's Signature)	Date
WILLIAM MICHAEL HENN		
(Owner's Name)	(Owner's Signature)	Date
<u>NANETTE DUFFY</u> (Owner's Name)	(Owner's Signature)	5/27/1 Date

3

CHARLES K. HUGHES	· · · · · · · · · · · · · · · · · · ·	
(Owner's Name)	(Owner's Signature)	Date
GRACE C. SHOHET	Anice Chohat	- 27 Jun. 14
(Owner's Name)	(Owner's Signature)	Date
DAVID C. BROWNSTEIN	- <i>p</i> .	
(Owner's Name)	(Owner's Signature)	Date
WILLIAM MICHAEL HENN		·
(Owner's Name)	(Owner's Signature)	Date
NANETTE DUFFY		
(Owner's Name)	(Owner's Signature)	Date

EXHIBIT "A"

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

BEGINNING AT A POINT ON THE LINE OF 17TH STREET, DISTANT THEREON 135 FEET WESTERLY LINE OF GUERRERO STREET; RUNNING THENCE WESTERLY AND ALONG SAID LINE OF 17TH STREET 25 FEET; THENCE AT A RIGHT ANGLE NORTHERLY 115 FEET; THENCE AT A RIGHT ANGLE EASTERLY 25 FEET; THENCE AT A RIGHT ANGLE SOUTHERLY.

BEING PORTION OF MISSION BLOCK NO. 38.

APN: Lot 14, Block 3567

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California)
	}
County of San Francisco]
On May 27, 2014 before me, personally appeared Graham Charles K	Jason Whipple, Notary Public
Date Galacia	Here Insert Name and Tilla of the Olficar
personally appeared	Nample) of Signaple)
Charles K	Hughes
	J
JASON WHIPPLE Commission # 1915838 Notary Public - California San Francisco County My Comm. Expires Dec 7, 2014	who proved to me on the basis of satisfactor evidence to be the person(s) whose name(s) is/ar subscribed to the within instrument and acknowledge to me that he/she/they executed the same is his/her/their authorized capacity(ies), and that b 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 Aricial seal.
-	Signature: XV///
Place Notary Seal Above OPTIC	INAL
	n, it may prove valuable to persons relying on the document d realtachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(les) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
Corporate Officer - Title(s):	Corporate Officer - Title(s):
Individual Individual OF SIGNER	OF SIGNER
Partner - Limited General Top of thumb here	Partner - Limited General Top of thumb here
Attorney in Fact	Attorney in Fact
Trustee	☐ Trustee
Guardian or Conservator	Guardian or Conservator
Other:	Other:
Signer Is Representing:	Signer Is Representing:

USE ACKNOWLEDGMENT FORM BELOW WITHIN NEW YORK STATE ONLY:

State of New York, County of }ss.:

On the 2157 day of in the year before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Sign and affix stamp

ACKNOWLEDGMENT FORM FOR USE WITHIN NEW YORK STATE ONLY: (New York Subscribing Witness Acknowledgment Certificate) State of New York, County of } ss.:

On the day of in the year before me, the undersigned, personally appeared , the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in ; that he/she/they know(s) to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto.

Notary Public Sign and affix stamp

ACKNOWLEDGMENT FORM FOR USE OUTSIDE NEW YORK STATE ONLY: (Out of State or Foreign General Acknowledgement Certificate) } ss.:

On the 2117 day of 17144 in the year 2014 before me, the undersigned, personally appeared 1/1/1, AV 6AR personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), that by his/her/ their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

EIPNO

Notary Public

記書をいいたちろいいの記録を

Sign and affix stamp

CARLOS ENRIQUE ESPANA Notary Public, State of New York Qualified in Queens County Reg. No. 01ES6225142 My Commission Expires 07-19-2014

NEW YORK 'ALL-PURPOSE' ACKNOWLEDGMENT

REAL PROPERTY LAW §309-a

	<u> </u>
State of New York ss.	
County of Vew York	
, ,	On the day of
	in the year 2014 before me,
	the undersigned personally appeared
	Dephas Shihzmy, Name of Signery
	(and,)
	personally known to me or proved to me on
	the basis of satisfactory evidence to be the
	individual(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 capacity(ies), and that by his/
	her/their signature(s) on the instrument, the
JOSE EMMANUEL SUAREZ Notary Public - State of New York NO. 01SU6269203	individual(s), or the person upon behalf of which
Qualified in Bronx County / My Commission Expires <u>01/24/2516</u>	the individual(s) acted, executed the instrument.
	Lese des
Place Notary Seal and/or Stamp Above	Signature of Notary Public
OP	TIONAL
Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.	
Description of Attached Document	
Title or Type of Document:	
	Number of Pages:

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USE ACKNOWLEDGMENT FORM BELOW WITHIN NEW YORK STATE ONLY:

State of New York, County of } ss.:

On the day of in the year before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Sign and affix stamp

ACKNOWLEDGMENT FORM FOR USE WITHIN NEW YORK STATE ONLY: (New York Subscribing Witness Acknowledgment Certificate) State of New York, County of } ss.:

On the day of in the year before me, the undersigned, personally appeared , the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in ; that he/she/they know(s) to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto.

Notary Public Sign and affix stamp

ACKNOWLEDGMENT FORM FOR USE OUTSIDE NEW YORK STATE ONLY: (Out of State or Foreign General Acknowledgement Certificate)

} ss.:

On the 19th day of May in the year 2014 before me, the undersigned, personally appeared Dephne Shinariy personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), that by his/her/ their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. JOSE EMMANUEL SUAREZ

JOSE EMMANUEL SUAREZ Notary Public - State of New York NO. 01SU6269203 Qualified in Bronx County / My Commission Expires <u>04/24/26/6</u>

Sign and affix stamp

Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

ж. ⁸. т. 4

<u> </u>	<u> </u>
State of California	
County of San Francisco	
On May 24,2514 before me	Paul C. Moffett, Notary Public
On May 24,2814 before me,	Here Insert Name and Title of the Officer
personally appeared	Name(s) of Signer(s)
	· · · · · · · · · · · · · · · · · · ·
Journal Strate	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.
PAUL C. MOFFETT Commission # 1933704 Notary Public - California San Francisco County My Comm. Expires May 21, 2015	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
Placs Notary Seal Above	WITNESS my hand and official seal. Signature (automatic of Notary Public FIONAL
Though the information below is not required by law,	it may prove valuable to persons relying on the document reattachment of this form to another document.
Title or Type of Document: Notice of	Special Restrictions Under The Mannie
Document Date:5724 114	Special Restrictions Under The Planning Number of Pages: 3 Code
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name: Individual Corporate Officer — Sitle(s): Partner — ILimited Conceral Attorney in Fact Guardian or Conservator Other:	Attorney in Fact
Signer Is Representing	Signer is Representing:

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF AKNOWLEDGMENT		
State of: California		
County of: SAN FRANCISCO		
On MAY 27, 2014 before me, BETSY J. ODELL, NOTARY PUBLIC (name and lille of the officer)		
personally appeared DAVID CHARLES B	ROWSTEIN	
who proved to me on the basis of satisfactory evidence to subscribed to the within instrument and acknowledged to r his/he r/thei r authorized capacity-(ies); and that by his/ her/t or the entity upon behalf of which the person(s) acted, exe	me that he <i>l</i> she/they executed the same in he ir signature (s) on the instrument the person (s), •	
I certify under PENALTY OF PERJURY under the laws of paragraph is true and correct.	the State of California that the foregoing	
WITNESS my hand and official seal	BETSY J. ODELL Commission # 1993330 Notary Public - California San Francisco County My Comm. Expires Nov 3, 2016	
Signature of Notaly Public	(Notary Seal)	
Information below is NOT required by law however may deter fraudulent removal of this form.		
Description of Attached Document	Capacity Claimed by Signer(s)	
Number of Pages $\frac{4}{5/37/14}$	Individual(s) Corporate Officer	
Notice of Special Restructions Title or type of document	 Partner Attorney-in-Fact Trustee(s) Other 	
Additional information		

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California County of <u>San Francisco</u>

On June 24, 2014 before me, <u>Neal Corkery, Notary Public</u>, personally appeared <u>William Michael Henn</u>, 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 Meal Conken



(Seal)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California County of ______SAN FRANCISCO

before me, <u>MALook SAiNi (Notary-Public</u>) (insert name and title of the officer) on May 27, 2014 Mine personally appeared

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 Malush Sam.

(Seal)

MALOOK SAINI Commission # 1905800 Notary Public - California San Francisco County My Comm Expines Oct 24, 2014

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

State of California	
State of Galifornia	l l l l l l l l l l l l l l l l l l l
County of Sent	<u>cencisco</u>
on 06/27/2014	1 before me, Boriss Biwsvill, a Notasy Public,
Date	Name and Title of the Officer
personally appeared _	Grace Cohen Shiohet
	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.

Place Notary Seal Above

Signature of Notary Public

- 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	1 claria 14			
Title or Type of Document: Notice of Special Restirctions Document Date: 06/2+12014				
Title or Type of Document: <u>Notice of Special Pesticitiens</u> Document Date: <u>06(27/2014</u> Number of Pages:Signer(s) Other Than Named Above:				
Capacity(ies) Claimed by Signer(s)				
Signer's Name:	Signer's Name:			
Corporate Officer — Title(s):	Corporate Officer — Title(s):			
🗆 Partner — 🔲 Limited 🛛 General	🗆 Partner — 🗆 Limited 🛛 🗆 General			
Individual Attorney in Fact	Individual Attorney in Fact			
□ Trustee □ Guardian or Conservator	□ Trustee □ Guardian or Conservator			
Other:	□ Other:			
Signer Is Representing:	Signer Is Representing:			

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