# Owner's Certificate

Case No.: _____

The undersigned hereby certifies to be the owner(s) of the real property included within the boundaries of the **Lot Line Adjustment/Voluntary Merger/Parcel Map Waiver** (circle applicable application type), the only person(s) whose consent is necessary to pass title to said real property, and that **I/we** (circle one) consent to the making and recordation of this **Lot Line Adjustment/Voluntary Merger/Parcel Map Waiver** (circle applicable application type).

(Signature) _____

(Typed or Printed Name) _____

(Signature) _____

(Typed or Printed Name) _____

(Signature) _____

(Typed or Printed Name) _____

(Signature) _____

(Typed or Printed Name) _____

> *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.*

## ALL-PURPOSE ACKNOWLEDGEMENT

State of_____

County of _____

On _____ before me, _____,
(name and title of the Office)

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 signatures(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 OF NOTARY

### CAPACITY CLAIMED BY SIGNER

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

☐ INDIVIDUAL
☐ CORPORATE OFFICER(S)

_____
TITLES

☐ PARTNERS    ☐ LIMITED
                       ☐ GENERAL

☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN
☐ CONSERVATOR
☐ OTHER_____

**SIGNER IS REPRESENTING:**
NAME OF PERSONS(S) OR ENTITY(IES)

_____

_____

## OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:
Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

Title or Type of Document_____

Number of Pages____Date of Document _____

Signer(s) Other than Named Above_____