

**Mono County  
Community Development Department**

P.O. Box 347  
Mammoth Lakes, CA 93546  
(760) 924-1800, fax 924-1801  
commdev@mono.ca.gov

**Planning Division**

P.O. Box 8  
Bridgeport, CA 93517  
(760) 932-5420, fax 932-5431  
www.monocounty.ca.gov

**LOT MERGER  
APPLICATION**

APPLICATION # _____	FEE \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

**APPLICANT/AGENT** DUNCAN KING

**ADDRESS** 200 Peeler Lake Dr **CITY/STATE/ZIP** Lee Vining CA

**TELEPHONE** (760) 920-9741 **E-MAIL** rossmog@yahoo.com 93541-0235

**OWNER**, if other than applicant \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY/STATE/ZIP** \_\_\_\_\_

**TELEPHONE** ( \_\_\_\_\_ ) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PROJECT DESCRIPTION:** Assessor's Parcel # \_\_\_\_\_

Merger of APN 019-195-021-000  
AND APN 019-195-007-000

**APPLICATION PACKET SHALL INCLUDE:**

- A. Plot Plan: A reproducible Plot Plan map, preferably on 8.5" x 11" (maximum size 11" x 17") drawn to a legible scale that illustrates the lot merger. The Plot Plan must contain sufficient detail to verify conformance with existing zoning and building regulations. The Plot Plan must illustrate the following items where applicable: (a) existing and proposed lot areas; (b) existing surface and subsurface structures and improvements; (c) existing septic system and well locations; (d) streams and waterways; (e) existing/proposed easements and access routes; and (f) any unusual topographic features or other information (such as compliance with minimum setback requirements) that may be pertinent to review and approval of the application.
- B. Appropriate application fee: See Development Fee Schedule.
- C. Signed Lot Merger Notice form.

We certify that I/we are the owners of the subject property or that I/we have been authorized by the owners to process this application.

D.R. King  
Signature

Ellen B. King  
Signature

6/1/2020  
Date

**RECORDING REQUESTED BY**

Community Development Department

**AND WHEN RECORDED MAIL TO:**

Mono County Planning Division  
P.O. Box 8  
Bridgeport CA 93517

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

**LOT MERGER NOTICE  
FOR REAL PROPERTY IN MONO COUNTY**

**PARCELS TO BE MERGED:** Assessor's Parcel Numbers and/or deed reference.

019-195-021-000                      019-195-007-000

**SIGNATURE OF RECORD TITLE OWNERS:** This document will be recorded. All record title owners must sign below, and their signatures must appear as reflected on the recorded deeds. All signatures must be notarized.

I/we hereby attest by my/our signature(s) hereon that I/we am/are all the record title owner/owners of the above-referenced real property. I/we also affirm that said property consists of two or more continuous lots under our common ownership and that I/we understand that recordation of this Merger Notice shall cause the subject parcels to be merged into one parcel and that further actions to sell, lease or finance portions of said parcel shall be subject to applicable provisions of the county subdivision regulations.

I/we hereby attest by our signature(s) hereon that I/we have initiated this merger and are requesting that the County record this Merger Notice; therefore, I/we do not wish to have a protest hearing to present evidence as to why this Merger Notice should not be recorded; and by our signature hereon I/we understand and expressly waive any and all rights to such a hearing.

<u>DUNCAN KING</u>	<u>[Signature]</u>	<u>5/30/20</u>
Name	Notarized signature	Date
<u>Ellen King</u>	<u>[Signature]</u>	<u>5/30/20</u>
Name	Notarized signature	Date
_____	_____	_____
Name	Notarized signature	Date
_____	_____	_____
Name	Notarized signature	Date

**COUNTY APPROVAL:** This Merger Notice has been reviewed and approved by the Mono County Planning Division.

ATTEST: \_\_\_\_\_  
Signature Date

**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 MONO )

On May 30, 2020 before me, SAMANTHA TAYLOR, NOTARY PUBLIC  
Date Here Insert Name and Title of the Officer

personally appeared Duncan King  
Ellen King 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 Samantha Taylor  
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: Lot Merger Notice Document Date: 5/30/2020  
Number of Pages: 1 Signer(s) Other Than Named Above: None

**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: \_\_\_\_\_

PLOT PLAN for merger of  
APN 019-195-021-000  
and  
APN 019-195-007-000

SILVER  
LAKE  
WAY

DUNCAN & ELEN KING  
PO BOX 235  
LEE VINING CA 93541  
Ph: (760) 647-6070  
Cell: (760) 920-9741

↑  
N  
1" = 30'  
5/29/2020

# PEELER LAKE DRIVE

