Recording Requested by:

and when recorded, mail to

Exempt recording per Govt. Code 6103

CERTIFICATE OF CORRECTION NO. __________
TRACT/PARCEL MAP NO. ______________

Recorded in Parcel Map Book ________, Pages ______ to _______ , in the Office of the County Recorder, County of San Bernardino, State of California.

DESCRIPTION OF CHANGES MADE

The correction to be made appears on Sheet _______ of __________ sheets and should be modified as follows:

The fee owners, at the time of origin recordation, of property affected by this certificate are as follows:

L. S. Number __________________
Expiration _____________________

COUNTY SURVEYOR’S CERTIFICATE

I hereby certify that I have examined this certificate of correction, and that the only changes thereon from the original map (recorded in Parcel Map Book ________, Pages ______ to _______ ) are provided for in Section 66469 of the Subdivision Map Act, and I am satisfied that this certificate of correction is technically correct.

THOMAS P. HERRIN, COUNTY SURVEYOR
COUNTY OF SAN BERNARDINO, CALIFORNIA

By: ________________________________, Deputy
Dated ____________________