

RECORDED AT THE REQUEST OF:

NEVADA COUNTY
PLANNING DEPARTMENT
950 Maidu Avenue
Nevada City, CA 95959-8617

RETURN TO:

COMMUNITY DEVELOPMENT AGENCY
NEVADA CO. PLANNING DEPT.,
Inter Department Mail Box

NOTICE OF TIMBERLAND PRODUCTION ZONING

Assessor's Parcel No: 065-270-003

Co. File No.: PLN20-0016; RZN20-0002

Owner: Swope Medical Group, Inc., Profit Sharing and 401K Plan FBO Brent McDermott, MD

The Owner possesses real property (hereinafter, "the Property") located within the State of California, County of Nevada, unincorporated area, identified by the Assessor's Parcel Number stated above, and more particularly described as follows:

Parcel 2, as shown on the Parcel Map #76-193, filed July 29, 1977, in Book 11, Page 210 of Parcel Maps, in the office of the Recorder of Nevada County, California

Said parcel was recorded in Document Number 2009-0034039, on March 25, 2014, in the Official Records of Nevada County, California, and having Assessor's Parcel Number 065-780-003, hereinafter referred to as the "Property".

On _____, 2020, the Nevada County Board of Supervisors established a Timberland Production Zoning ("TPZ") District for the Property, which, consistent with Section L-II 2.3.C of the Nevada County Land Use and Development Code, shall be restricted for a perpetual minimum of 10 years to the growing and harvesting of timber consistent with the Non-Industrial Timber Management Plan prepared for the applicant's Request for Inclusion into the TPZ District, and supporting and compatible uses as allowed under the laws of the State of California and the ordinances of the County of Nevada.

Removal of the TPZ District may only occur pursuant to the provisions of the California Timberland Productivity Act of 1982 (Government Code §§ 51100, *et seq.*) and the Nevada County Land Use and Development Code.

Swope Medical Group, Inc., Profit Sharing and 401K Plan FBO Brent McDermott, MD

By: **Brent McDermott, MD** – Plan Beneficiary

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)
) ss.
COUNTY OF NEVADA)

On _____, before me, _____, a Notary Public in and for said County and State, 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.

Julie Patterson Hunter, Clerk of the Board
Nevada County Board of Supervisors

(PLACE SEAL ABOVE)

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