## SHINGAI DIVISION

## APPLICATION TO DIVIDE AN AGRICULTURAL CONTRACT UNDER THE LAND CONSERVATION ACT AND FORM NEW PRESERVES FROM AN EXISTING PRESERVE

1) Existing Contract No 74-39	R B B B W
Recorded on 12/28/73 Book Page or Document No 121600	
2) Number of acres in existing preserve – 2932	SEP 1 3 201
B) Assessors parcel number(s) in existing preserve –	SAN BENITO COUR ASSESSORS OFFI
012-130-005	Marie Control of the
Reasons(s) for dividing — PARTITION OF SEPARATE FAMILY INTERES	TS IN RANCH.
The existing preserve is to be divided into –  PRESERVE NO. 1 –  A C */-	
A) Number of acres in this new preserve — //. 0 Ac t/	riy A Y
B) This land is currently being used as ROW CROP; EXISTING RESIDENT (row crop, orchard, grazing, perm. pasture, etc.	
C) 1) Actual annual gross income from this new preserve for 3 of the last supporting schedules as required) –	t 5 years (attach
2015 - \$48k , 2016 - \$48k , 2017 - \$48k (year)	
<ol> <li>If this property is a new orchard or vineyard planting, what is the anticipal income at maturity\$ N/A</li> </ol>	ated annual gross
D) Attach a map outlining this new preserve and identifying major improvement barns, etc. Also list below the assessors parcel number(s) that will be part of the control o	s such as houses, his new preserve.
012-130-005. THE PROPERTY WILL BE SPLIT SUBSEQUE	ENT TO
THIS APPLICATION AND NEW APN'S WILL BE ASSIG	NED ON
COMPLETION.	

PRESERVE NO. 2 –	
A) Number of acres in this new preserve -	18.5 Ac t/-
B) This land is currently being used as R	OW CROP; EXISTING RESID
	(row crop, orchard, grazing, perm. pasture,

A)	Number of	acres in this he	w preserve — _			, ,	
В)	This land is	currently being	used as <u>RO</u>	W CROP; I (row crop, orcha	EXISTING rd, grazing, per	RESIDENT	IAL
C)		annual gross i ng schedules as		his new pro	eserve for	3 of the last	5 years (attach
	2015 (year)	-\$ <u>11,900</u> ,	2016 - \$ (year)	11,900,	2017 (year)	- \$ <u>11,900</u>	_
		operty is a new at maturity— <u>N</u>		ineyard plan	ting, what	is the anticipa	ated annual gross
D)	Attach a may	p outlining this Also list below	new preserve	and identify arcel numbe	ving major r(s) that wi	improvement Il be part of th	s such as houses, his new preserve.
	012-130	-005. THE	PROPERTY	WILL BE	SPLIT S	UBSEQUE	NT TO
	THE AP	PLICATION	AND NEW	APN'S W	ILL BE A	SSIGNED	ON
	COMP	LETION.					
PRESE	ERVE NO. 3	_					,
A)	Number of a	cres in this nev	v preserve –				
			_				
<b>B</b> )	This land is	currently being	used as	(	sahard erazina	perm. pasture, etc	• )
						•	
C)	supporti	ng schedules as	required) —				5 years (attach
		<b>-\$</b>		- <b>S</b>	•	-\$	
	(year)	Ψ	(year)		· · · · · · · · · · · · · · · · · · ·	(year)	
	2) If this pr		v orchard or v	ineyard plan			ated annual gross

D) Attach a map outlining this new preserve and identifying major improvements such as houses, barns, etc. Also list below the assessors parcel number(s) that will be part of this new preserve.

U/T/D MAY 31, 1996	ently being used as	
supporting schedules as required)—  (year) -\$ (year) -\$ (year)  2) If this property is a new orchard or vineyard planting, what is the anticipated annual gross income at maturity—\$  (D) Attach a map outlining this new preserve and identifying major improvements such as house barns, etc. Also list below the assessors parcel number(s) that will be part of this new preserve the forgoing is true and correct.  (Secuted this figure of this new preserve and identifying major improvements such as house barns, etc. Also list below the assessors parcel number(s) that will be part of this new preserve the forgoing is true and correct.  (City) (State)  (State)  ATURE OF ALL NAME (Typewritten)  (City) (State)  ATURE OF ALL NAME (Typewritten)  (City) (State)  (City) (State)  (City) (State)  (City) (State)  (City) (State)  (City) (State)  ATURE OF ALL NAME (Typewritten)  (City) (State)  (City) (S	(row crop	o, orchard, grazing, perm. pasture, etc.)
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barns, etc. Also list below the assessors parcel number(s) that will be part of this new preserved.  We do declare under penalty of perjury the forgoing is true and correct.  Executed this day of 500 to 18 to 1		nting, what is the anticipated annual gross
We do declare under penalty of perjury the forgoing is true and correct.  Executed this day of 507 20 at Hollis day (City) (State)  ATURE OF ALL RENT OWNERS NAME (Typewritten) MAILING ADDRESS QUEEN 2015  GARY SHINGAI TRUSTEE YUKIO AND TSUNAYE FAMILY TRUST WHT SOMUME, COUNTY DAY 31, 1996  GARY SHINGAI, CO-TRUSTEE MATSUYE SHINGAI 1990 TRUST DATED JULY 27, 1990 Y ACKNOWLED GEMENT REQUIRED CH SIGNATORY  APPROVED - COUNTY OF SAN BENTTO	tlining this new preserve and ident	ifying major improvements such as house
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By Chairman of the Board of Supervisors	NAME (Typewritten)  GARY SHINGAL, TRUST YUKIO AND TSUNAYE FAI U/T/D MAY 31, 1996  GARY SHINGAL, CO-TRUS MATSUYE SHINGAI 1990 T DATED JULY 27, 1990 MENT REQUIRED	CA (City) (State)  MAILING ADDRESS  PO BOX 1315 San Juan Bautista, CA 950  BEE MILY TRUST WH TSONVILLE, CA  PO BOX 1315  RUST San Juan Bautista, CA  PO BOX 1315  RUST San Juan Bautista, CA
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ATURE OF ALL RENT OWNERS  M Sunga  GII Strugger  Y ACKNOWLEDGEN  CH SIGNATORY		gross income from this new projectules as required) —  (year)  ty is a new orchard or vineyard planaturity—\$  tlining this new preserve and identified below the assessors parcel number

PRESERVE NO. 4-

THIS FORM MUST BE TYPEWRITTEN

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 MONTEREY

On July 26, 2018 before me, STEFANIE KING, Notary Public, personally appeared GARY SHINGAI, 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: MMU MNG

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 MONTEREY

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)

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: The Time T

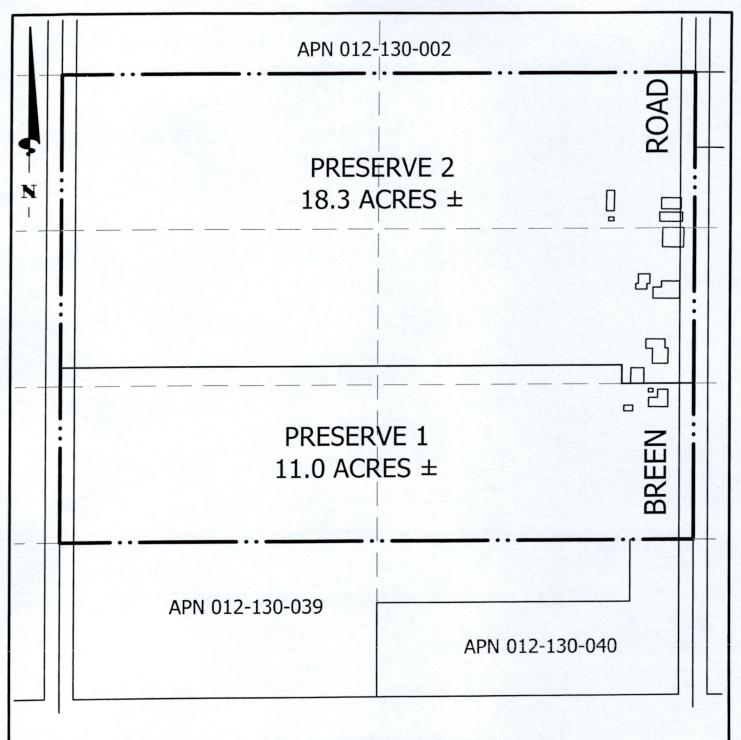


STEFANIE KING

Notary Public – California Monterey County Commission # 2196568 My Comm. Expires May 11, 2021

## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

A notary public or other officer completing this certific document to which this certificate is attached, and not	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.				
State of California	<b>)</b>				
County of)					
Date	Here Insert Name and Title of the Officer				
personally appeared Kobert Y	m. Shinga:				
	Name(s) of Signer(s)				
subscribed to the within instrument and acknow	ry evidence to be the person(s) whose name(s) is/are wledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument 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.				
<u></u>	WITNESS my hand and official seal.				
MICHELLE L. BLOOMQUIST Notary Public - California Santa Cruz County Commission # 2155463 My Comm. Expires Jun 29, 2020	Signature Milelle Z. Tologisk  Signature of Notary Public				
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Place Notary Seal Above	PTIONAL ————————————————————————————————————				
Though this section is optional, completing this	is information can deter alteration of the document or is form to an unintended document.				
Description of Attached Document,					
Title or Type of Document:	Document Date:				
Number of Pages: 5 Signer(s) Other Th	an Named Above:				
Capacity(ies) Claimed by Signer(s)					
	Signer's Name:				
Signer's Name:	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: Signer Is Representing:					
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## EXHIBIT MAP APN 012-130-005

JUNE 2018 SCALE 1" = 200'

SAN BENITO ENGINEERING & SURVEYING, INC.

502 MONTEREY STREET

HOLLISTER, CA 95023

831-637-2763