

OWNER'S CERTIFICATE

1. (NAME) _____ (OWNERS NAME)
DOES) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE LANDS SHOWN ON THIS REVERSION TO ACREAGE MAP AND DOES) HEREBY CONSENT TO THE PREPARATION AND RECORDATION OF THIS MAP FOR THE PURPOSE OF REVERTING TO ACREAGE THE PARCELS OF LAND DELINEATED HEREON.

(PRINT OWNERS NAME & TITLE) _____ DATE _____

ACKNOWLEDGMENT

STATE OF NEVADA SS
COUNTY OF CLARK SS
THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON _____ BY
(PRINT OWNERS NAME)

(PRINT NOTARY'S NAME)
NOTARY PUBLIC IN AND FOR
SAID COUNTY AND STATE
MY COMMISSION EXPIRES _____ (DATE)
SEAL

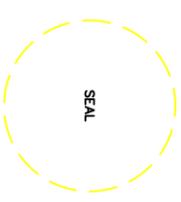
LEGAL DESCRIPTION
(RECORD INFORMATION)

BASIS OF BEARINGS
(DESCRIPTION AND MAP REFERENCE)

SURVEYOR'S CERTIFICATE

1. (NAME OF SURVEYOR), A PROFESSIONAL LAND SURVEYOR LICENSED IN THE STATE OF NEVADA, CERTIFY THAT :
THIS MAP WAS PREPARED AT THE INSTANCE OF _____ (OWNERS NAME)
2. LANDS SHOWN HEREON LIE WITHIN THE _____ SECTION _____ T. _____ S. R. _____ E., M.D.M., CITY OF HENDERSON, CLARK COUNTY, NEVADA. THIS MAP/PLAT HAS BEEN PREPARED FROM INFORMATION SHOWN ON THAT MAP/PLAT OF _____ AS RECORDED IN BOOK FILE _____ AND THE PLATS OF _____ NO RESPONSIBILITY IS ASSUMED FOR THE ACCURACY OF THE MEASUREMENTS OR CORRECTNESS OF OTHER INFORMATION SHOWN ON OR COPIED FROM SAID MAP/PLAT.
3. THIS MAP COMPLES WITH THE APPLICABLE STATE STATUTES AND ANY LOCAL ORDINANCES.

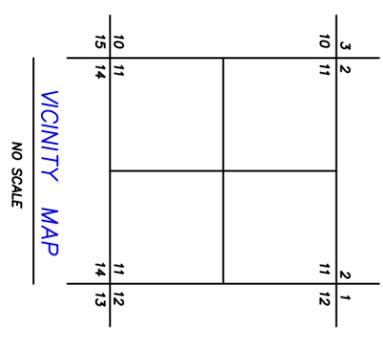
(NAME OF SURVEYOR)
PROFESSIONAL LAND SURVEYOR
NEVADA LICENSE NO. (0000)



REVERSION TO ACREAGE
DESCRIPTION / (BOOK/FILE) & PAGE INFORMATION
SECTION, TOWNSHIP & RANGE, M.D.M.
CITY OF HENDERSON
CLARK COUNTY, NEVADA

Template

(NOTE: ADD A VICINITY MAP SHOWING A NOMINAL SECTION LAYOUT WITH THIS PROJECT'S LOCATION SHOWN WITHIN THAT SECTION OR SECTIONS.)



SUBDIVISION GUARANTEE

PER SEPARATE DOCUMENT RECORDED IN BOOK _____ INSTRUMENT _____ (THIS DOCUMENT MUST BE RECORDED PRIOR TO RECORDATION OF THE FINAL MAP AND THE RECORD INFORMATION PLACED ON THE FINAL MAP)

CITY SURVEYOR'S CERTIFICATE

1. MICHAEL KIDD, CITY SURVEYOR OF THE CITY OF HENDERSON, CLARK COUNTY, NEVADA DO HEREBY CERTIFY THAT ON THIS _____ DAY OF _____ I DID EXAMINE THIS MAP OF REVERSION TO ACREAGE AND THAT IT IS TECHNICALLY CORRECT.

MICHAEL KIDD, PLUS 12141
CITY SURVEYOR
CITY OF HENDERSON
DATE _____

COMMUNITY DEVELOPMENT APPROVAL

1. STEPHANIE GARCIA-VAUSE, THE COMMUNITY DEVELOPMENT DIRECTOR OF THE CITY OF HENDERSON, NEVADA HAVE APPROVED THIS REVERSION TO ACREAGE ENTITLED _____ THE _____ MAP OF THIS MAP. I HAVE REVIEWED THE PROJECT AND I AM Satisfied THAT THE APPLICANT TO CONSTRUCT THE PROJECT REFERRED TO IN SUCH APPLICATION OR TO RECEIVE FURTHER DEVELOPMENT APPROVALS, GRADING PERMITS OR BUILDING PERMITS. THE CITY MUST FIRST EXECUTE A WRITTEN RELEASE OF APPLICANT'S PROCESSING WAIVER OF ENTITLEMENT TO CONSTRUCT THE PROJECT OR TO RECEIVE ANY GRADING OR BUILDING PERMIT. THE CITY MUST FIRST EXECUTE A WATER SERVICE COMMITMENT BEFORE APPLICANT SHALL HAVE ANY CLAIM OF ENTITLEMENT TO CONSTRUCT THE PROJECT OR TO RECEIVE ANY GRADING OR BUILDING PERMITS.

STEPHANIE GARCIA-VAUSE
COMMUNITY DEVELOPMENT DIRECTOR
CITY OF HENDERSON
DATE _____

DIVISION OF WATER RESOURCES

THIS REVERSIONARY MAP IS APPROVED BY THE DIVISION OF WATER RESOURCES OF THE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES CONCERNING WATER QUANTITY SUBJECT TO THE REVIEW OF APPROVAL ON FILE IN THIS OFFICE.

DIVISION OF WATER RESOURCES
(PRINT NAME) _____ DATE _____

DISTRICT BOARD OF HEALTH CERTIFICATE

THIS REVERSIONARY MAP IS APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH. THIS APPROVAL CONCERNS SEWAGE DISPOSAL, WATER POLLUTION, WATER QUALITY AND WATER SUPPLY FACILITIES AND IS PREDICATED UPON PLANS FOR A (PUBLIC, PRIVATE) WATER SUPPLY AND A (COMMUNITY, INDIVIDUAL) SYSTEM(S) FOR DISPOSAL OF SEWAGE.

(PRINT NAME) _____ DATE _____

COUNTY RECORDER'S NOTE

ANY SUBSEQUENT CHANGES TO THIS MAP SHOULD BE EXAMINED AND MAY BE DETERMINED BY REFERENCE TO THE COUNTY RECORDER'S CUMULATIVE MAP INDEX. N.R.S. 278.3699

CRMA 20 _____

REVERSION TO ACREAGE

DESCRIPTION / (BOOK/FILE) & PAGE INFORMATION
SECTION, TOWNSHIP & RANGE, M.D.M.
CITY OF HENDERSON
CLARK COUNTY, NEVADA

COMPANY NAME
ADDRESS, CITY, STATE, ZIP
PHONE NUMBER

No. _____ FILED AT THE REQUEST OF _____

DATE _____ AT _____

OFFICIAL RECORDS BOOK

No. _____ CLARK COUNTY NEVADA RECORDS

DEBBIE CONWAY - RECORDER

FEE _____ DEPUTY

* REVERSION TO ACREAGE PARCEL MAPS ARE FILED IN FILE _____ PAGE _____ OF PARCEL MAPS. REVERSION TO ACREAGE SUBDIVISION MAPS ARE FILED IN BOOK _____ PAGE _____ OF PLATS. REVERSION TO ACREAGE MISC. MAPS ARE FILED IN FILE _____ PAGE _____ OF MISC. MAPS.