Community Services Department Planning and Building AMENDMENT OF CONDITIONS APPLICATION



Community Services Department Planning and Building 1001 E. Ninth St., Bldg. A Reno, NV 89512-2845

Telephone: 775.328.6100

Washoe County Development Application

Your entire application is a public record. If you have a concern about releasing personal information, please contact Planning and Building staff at 775.328.6100.

Project Name: Project Description: Project Address: Project Address: Project Address: Project Area (acres or square feet): Project Location (with point of reference to major cross streets AND area locator): Assessor's Parcel No.(s): Parcel Acreage: Parcel No.(s):	Project Information		Staff Assigned Case No.:			
Description: Project Address: Project Area (acres or square feet): Project Location (with point of reference to major cross streets AND area locator): Assessor's Parcel No.(s): Parcel Acreage: Applicant Information (attach additional sheets if necessary) Professional Consultant: Name: Address: <td< td=""><td>Project Name:</td><td></td><td></td><td></td></td<>	Project Name:					
Project Area (acres or square feet): Project Location (with point of reference to major cross streets AND area locator): Assessor's Parcel No.(s): Parcel Acreage: Indicate any previous Washoe County approvals associated with this application: Case No.(s). Case No.(s). Professional Consultant: Applicant Information (attach additional sheets if necessary) Property Owner: Name: Name: Address: Address: Zip: Phone: Fax: Phone: Email: Cell: Other: Coltact Person: Contact Persons to be Contacted: Name: Address: Address: Zip: Phone: Fax: Address: Contact Person to be Contacted: Name: Address: Contact Person: Contact Person: Contact Person:	-					
Project Location (with point of reference to major cross streets AND area locator): Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Indicate any previous Wash-ce County approvals associated with this application: Case No.(s): Image: County approvals associated with this application: Case No.(s). Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Name: Address: Address: Zip: Phone: Fax: Phone: Email: Cell: Other: Cell: Other: Cell: Other: Address: Address: Address: Address: Address: Zip: Address: Address: Email: Contact Person: Address: Zip: Address: Address: Email: Cell: Other: Cell: Other: Contact Person: Fax: Phone: Fax: Email: Cell: Other: <td>Project Address:</td> <td></td> <td></td> <td></td>	Project Address:					
Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Indicate any previous Washoe County approvals associated with this application: Indicate any previous Washoe County approvals associated with this application: Case No.(s). Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Name: Address: Professional Consultant: Address: Zip: Zip: Zip: Phone: Fax: Email: Cell: Other: Contact Person: Contact Person: Applicant/Developer: Other Persons to be Contacted: Name: Address: Zip: Address: Phone: Fax: Address: Contact Person: Zip: Address: Phone: Fax: Address: Contact Person: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Phone: Fax: Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Contact Perso	Project Area (acres or square fe	et):				
Indicate any previous Washoe County approvals associated with this application: Case No.(s). Applicant Information (attach additional sheets if necessary) Property Owner: Name: Name: Address: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Phone: Fax: Phone: Fax: Phone: Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Cip: Phone: Fax: Phone: Fax: Phone: Fax: Phone: Fax: Cip: Cite:	Project Location (with point of re	eference to major cross	streets AND area locator):			
Case No.(s). Applicant Information (attach additional sheets if necessary) Professional Consultant: Name: Name: Name: Name: Address: Address: Zip: Address: Fnone: Fax: Phone: Fax: Phone: Fax: Email: Cell: Cotlact Person: Contact Person: Address: Applicant/Developer: Cother Persons to be Contacted: Name: Name: Address: Address: Zip: Vatherse: Phone: Fax: Phone: Fax: Name: Address: Address: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Name: Address: Address: Zip: Cell: Other: Cell: Other: Cell: Other: Cell: Other: Contact Person: Contact Per	Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:		
Case No.(s). Applicant Information (attach additional sheets if necessary) Professional Consultant: Name: Name: Name: Name: Address: Address: Zip: Address: Fnone: Fax: Phone: Fax: Phone: Fax: Email: Cell: Cotlact Person: Contact Person: Address: Applicant/Developer: Cother Persons to be Contacted: Name: Name: Address: Address: Zip: Vatherse: Phone: Fax: Phone: Fax: Name: Address: Address: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Name: Address: Address: Zip: Cell: Other: Cell: Other: Cell: Other: Cell: Other: Contact Person: Contact Per						
Property Owner: Professional Consultant: Name: Name: Address: Name: Address: Address: Zip: Address: Phone: Fax: Phone: Fax: Email: Email: Cell: Other: Cell: Other: Contact Person: Contact Person: Applicant/Developer: Contact Persons to be Contacted: Name: Name: Address: Zip: Zip: Other Persons to be Contacted: Name: Name: Address: Zip: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Phone: Cell: Other: Contact Person: Contact Pe						
Name: Name: Address: Address: Zip: Address: Zip: Zip: Phone: Fax: Email: Email: Cell: Other: Contact Person: Cell: Address: Other: Address: Other Persons to be Contacted: Name: Name: Address: Address: Zip: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Address: Address: Zip: Zip: Phone: Fax: Phone: Fax: Cell: Other: Contact Person: Fax: Email: Cell:		ormation (attach		sary)		
Address:Address:Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:Applicant/Developer:Other Persons to be Contacted:Name:Name:Address:Address:Zip:Sig:Phone:Fax:Zip:Phone:Fax:Phone:Email:Cell:Contact Person:Cell:Date Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):Sig:	Property Owner:		Professional Consultant:			
Zip: Zip: Phone: Fax: Phone: Fax: Email: Email: Email: Cell: Other: Cell: Other: Cell: Other: Cell: Other: Contact Person: Contact Person: Contact Person: Contact Person: Mame: Name: Name: Name: Address: Address: Zip: Zip: <td< td=""><td colspan="2">Name:</td><td colspan="3"></td></td<>	Name:					
Phone: Fax: Phone: Fax: Email: Email: Email: Email: Cell: Other: Cell: Other: Contact Person: Contact Person: Contact Person: Contact Person: Applicant/Developer: Other Persons to be Contacted: Name: Name: Name: Name: Address: Address: Address: Zip: Zip: Phone: Fax: Phone: Fax: Email: Cell: Other: Cell: Cell: Other: Cell: Other: Email: Cell: Other: Cell: Cell: Other: Contact Person: Cell: Other: Contact Person: For Office Use Only Contact Person: For Office Use Only Date Received: Initial: Planning Area: County Commission District:	Address:					
Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:Contact Person:Applicant/Developer:Other Persons to be Contacted:Name:Name:Name:Address:Address:Address:Zip:Zip:Zip:Phone:Fax:Phone:Email:Email:Email:Cell:Other:Cell:Contact Person:Cell:Other:Date Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):						
Cell:Other:Cell:Other:Contact Person:Contact Person:Contact Person:Applicant/Developer:Other Persons to be Contacted:Name:Name:Name:Address:Address:Address:Zip:Address:Zip:Phone:Fax:Phone:Fax:Email:Cell:Other:Cell:Other:Cell:Other:Cell:Other:Cell:Other:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):Cell:		Fax:				
Contact Person: Contact Person: Applicant/Developer: Other Persons to be Contacted: Name: Name: Address: Address: Zip: Address: Phone: Fax: Fax: Phone: Email: Email: Cell: Other: Other: Cell: Other: Contact Person:				_		
Applicant/Developer:Other Persons to be Contacted:Name:Name:Address:Address:Address:Address:Zip:Address:Phone:Fax:Phone:Fax:Phone:Fax:Cell:Other:Cell:Other:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Kontact Person:Master Plan Designation(s):	Cell: Other:		Cell: Other:			
Name:Name:Address:Address:Zip:Address:Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):Initial:	Contact Person:		Contact Person:			
Address:Address:Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Contact Person:Cell:Other:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:	Applicant/Developer:		Other Persons to be Contacted:			
Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Contact Person:Cell:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):County Commission Colspan="2">County Commission District:	Name:		Name:			
Phone:Fax:Phone:Fax:Email:Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):For Office Use Only	Address:		Address:			
Email:Email:Cell:Other:Other:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):		Zip:		Zip:		
Cell:Other:Other:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):	Phone:	Fax:	Phone:	Fax:		
Contact Person: Contact Person: For Office Use Only Date Received: Initial: Planning Area: County Commission District: Master Plan Designation(s):	Email:		Email:			
For Office Use Only Date Received: Initial: Planning Area: County Commission District: Master Plan Designation(s):	Cell:	Other:	Cell: Other:			
Date Received: Initial: Planning Area: County Commission District: Master Plan Designation(s):	Contact Person:		Contact Person:			
County Commission District: Master Plan Designation(s):		For Office	e Use Only			
	Date Received:	Initial:	Planning Area:			
			Master Plan Designation(s):			
				Regulatory Zoning(s):		

Applicant Name: <u>Peavine Investors LLC</u>

The receipt of this application at the time of submittal does not guarantee the application complies with all requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.

STATE OF NEVADA

COUNTY OF WASHOE

ONE

(please print name)

being duly sworn, depose and say that I am the owner* of the property or properties involved in this application as listed below and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true, and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of Planning and Building.

(A separate Affidavit must be provided by each property owner named in the title report.)

Assessor Parcel Number(s): a portion of 081-031-50

Printed Name Signed Address

(Notary Stamp)

LUKE WELMERINK Notary Public - State of Nevada

Appointment No. 21-1387-02 Appointment Expires April 21, 2025

Subscribed 514 day	and sw	orn to	before	me this
5H day	of AU	OUST		,2022
<u>_</u> ,	/			
			2	× 2

Notary Public in and for said county and state

My commission expires: April 21, 2025

*Owner refers to the following: (Please mark appropriate box.)

- Owner
- Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)
- Power of Attorney (Provide copy of Power of Attorney.)
- Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)
- Property Agent (Provide copy of record document indicating authority to sign.)
- Letter from Government Agency with Stewardship

CONSENT RESOLUTIONS OF THE MANAGERS AND MEMBERS OF PEAVINE INVESTORS, LLC

The undersigned, the sole Managers and the sole Members of **PEAVINE INVESTORS**, LLC, a Nevada limited liability company (the "Company"), having one hundred percent (100%) of the voting power of the Managers and the Members, hereby consent to and vote unanimously in favor of the adoption of the following resolutions and waive notice of the time, place, and purpose of a meeting of the Managers and/or the Members to consider and vote upon the adoption of the resolutions.

RESOLVED, that Teresa Maloney is hereby authorized and shall have full authority to execute on behalf of the Company any and all agreements, instruments, and other documents and to take any further action as may be necessary or helpful to carry out and complete the required filings with Washoe County and the City of Reno related to development applications filed on behalf of Peavine Investors with said governmental agencies.

RESOLVED FURTHER that these resolutions shall be effective as of October 1, 2021.

Managers: **JOHN ECNEVERRIA**

MICHAEL A. ECHEVERRIA

TERESA E. MALONEY

M. CRISTINA WELMERINK

CONSENT RESOLUTIONS OF THE MANAGERS AND MEMBERS OF PEAVINE INVESTORS, LLC

The undersigned, the sole Managers and the sole Members of **PEAVINE INVESTORS, LLC**, a Nevada limited liability company (the "Company"), having one hundred percent (100%) of the voting power of the Managers and the Members, hereby consent to and vote unanimously in favor of the adoption of the following resolutions and waive notice of the time, place, and purpose of a meeting of the Managers and/or the Members to consider and vote upon the adoption of the resolutions.

RESOLVED, that Teresa Maloney is hereby authorized and shall have full authority to execute on behalf of the Company any and all agreements, instruments, and other documents and to take any further action as may be necessary or helpful to carry out and complete the required filings with Washoe County and the City of Reno related to development applications filed on behalf of Peavine Investors with said governmental agencies.

RESOLVED FURTHER that these resolutions shall be effective as of October 1, 2021.

Managers:

JOHN ECHEVERRIA

Mirlal a. Echercevia

MICHAEL A. ECHEVERRIA

TERESA E. MALONEY

M. CRISTINA WELMERINK

Amendment of Conditions Application Supplemental Information

(All required Information may be separately attached)

Required Information

- 1. The following information is required for an Amendment of Conditions:
 - a. Provide a written explanation of the proposed amendment, why you are asking for the amendment, and how the amendment will modify the approval.
 - b. Identify the specific Condition or Conditions that you are requesting to amend.
 - c. Provide the requested amendment language to each Condition or Conditions, and provide both the *existing* and *proposed* condition(s).

2. Describe any potential impacts to public health, safety, or welfare that could result from granting the amendment. Describe how the amendment affects the required findings as approved.

OWNER'S CERTIFICATE:

THIS IS TO CERTIFY THAT THE UNDERSIGNED, PEAVINE INVESTORS, LLC, A NEVADA LIMITED LIABILITY COMPANY IS THE OWNER OF THE TRACT OF LAND REPRESENTED ON THIS PLAT AND HAS CONSENTED TO THE PREPARATION AND RECORDATION OF THIS PLAT AND THAT THE SAME IS EXECUTED IN COMPLIANCE WITH AND SUBJECT TO THE PROVISIONS OF N.R.S. CHAPTER 278. THE PUBLIC UTILITY EASEMENTS AS SHOWN HEREON ARE HEREBY GRANTED TOGETHER WITH THE RIGHT OF ACCESS TO ALL PUBLIC UTILITY, CABLE TV COMPANIES AND TRUCKEE MEADOWS WATER AUTHORITY, THEIR SUCCESSORS AND ASSIGNS. THE OWNER AND ITS ASSIGNS AGREE TO THE USE OF RESIDENTIAL WATER METERS. PEAVINE INVESTORS, LLC

BY: _

NAME / TITLE (PRINT)

NOTARY CERTIFICATE:

STATE OF NEVADA

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____, 202 _____ AS MANAGER OF PEAVINE INVESTORS, LLC, A NEVADA LIMITED LIABILITY COMPANY.

NOTARY PUBLIC

TITLE COMPANY CERTIFICATE:

THE UNDERSIGNED HEREBY CERTIFIES THAT THIS PLAT HAS BEEN EXAMINED AND THAT PEAVINE INVESTORS, LLC, A NEVADA LIMITED LIABILITY COMPANY OWNS OF RECORD AN INTEREST IN THE LANDS DELINEATED HEREON AND THAT THEY ARE THE ONLY OWNERS OF RECORD OF SAID LAND; THAT ALL THE OWNERS OF RECORD OF THE LAND HAVE SIGNED THE PLAT; AND THAT THERE ARE NO LIENS OF RECORD AGAINST THE LANDS DELINEATED HEREON, OR ANY PART THEREOF, FOR DELINQUENT STATE, COUNTY, MUNICIPAL, FEDERAL, OR LOCAL TAXES COLLECTED AS TAXES OR SPECIAL ASSESSMENTS.

FIRST AMERICAN TITLE INSURANCE COMPANY

DATE

NAME/TITLE (PRINT)

TAX CERTIFICATE:

THE UNDERSIGNED HEREBY CERTIFIES THAT ALL PROPERTY TAXES ON THIS LAND FOR THE FISCAL YEAR HAVE BEEN PAID AND THAT THE FULL AMOUNT OF ANY DEFERRED PROPERTY TAXES FOR THE CONVERSION OF THE PROPERTY FROM AGRICULTURAL USE HAS BEEN PAID PURSUANT TO N.R.S. 361A.265.

A.P.N. 081–031–27, 28, 29, 30, 31, 32, 33, 34, 35, & 50 WASHOE COUNTY TREASURER

BY:

DATE

NAME / TITLE (PRINT)

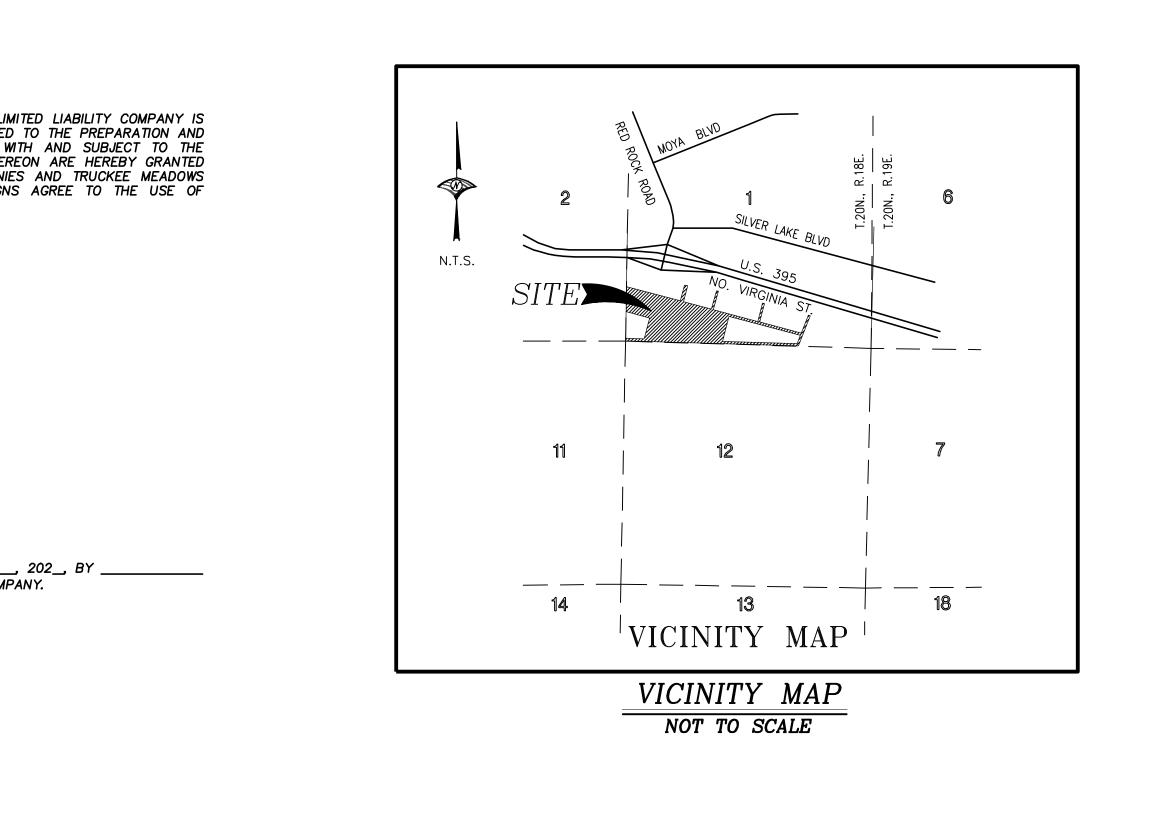
WATER & SEWER RESOURCE REQUIREMENTS

THE PROJECT/DEVELOPMENT DEPICTED ON THIS MAP IS IN CONFORMANCE WITH THE PROVISIONS OF ARTICLE 422 OF WASHOE COUNTY CHAPTER 110 (DEVELOPMENT CODE).

WASHOE COUNTY COMMUNITY SERVICES DEPARTMENT

NAME:

TITLE:



DISTRICT BOARD OF HEALTH CERTIFICATE:

THIS MAP IS APPROVED BY THE WASHOE COUNTY DISTRICT BOARD OF HEALTH. THIS APPROVAL CONCERNS SEWAGE DISPOSAL, WATER POLLUTION, WATER QUALITY, AND WATER SUPPLY FACILITIES. THIS MAP HAS BEEN FOUND TO MEET ALL APPLICABLE REQUIREMENTS AND PROVISIONS OF THE ENVIRONMENTAL HEALTH SERVICES DIVISION OF THE WASHOE COUNTY HEALTH DISTRICT.

FOR THE DISTRICT BOARD OF HEALTH

DIRECTOR OF PLANNING AND BUILDING CERTIFICATE:

THE FINAL PARCEL MAP CASE NO. WTPM21-0018 MEETS ALL APPLICABLE STATUTES, ORDINANCES AND CODE PROVISIONS; IS IN SUBSTANTIAL CONFORMANCE WITH THE TENTATIVE MAP AND ITS CONDITIONS, WHICH ARE INCORPORATED HEREIN BY THIS REFERENCE, AND THOSE CONDITIONS HAVE BEEN SATISFIED FOR RECORDATION OF THIS MAP. THE OFFER(S) OF DEDICATION IS (ARE) REJECTED AT THIS TIME, BUT WILL REMAIN OPEN IN ACCORDANCE WITH THE NEVADA REVISED STATUTES CHAPTER 278.

THIS FINAL MAP IS APPROVED AND ACCEPTED THIS ____ DAY OF _____, 202_, BY THE DIRECTOR OF PLANNING AND BUILDING DIVISION OF WASHOE COUNTY, NEVADA, IN ACCORDANCE WITH NEVADA REVISED STATUTES 278.471 THROUGH 278.4725.

KELLY MULLIN, DIRECTOR, PLANNING AND BUILDING DIVISION

COUNTY SURVEYOR'S CERTIFICATE:

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS PLAT CONSISTING OF TWO SHEETS, AND THAT I AM SATISFIED SAID PLAT IS TECHNICALLY CORRECT.

WAYNE HANDROCK P.L.S. 20464 WASHOE COUNTY SURVEYOR

UTILITY COMPANIES' CERTIFICATE:

THE UTILITY EASEMENTS AS SHOWN ON THIS PLAT HAVE BEEN CHECKED, ACCEPTED, AND APPROVED BY THE UNDERSIGNED CABLE TV AND PUBLIC UTILITY COMPANIES, WASHOE COUNTY COMMUNITY SERVICES DEPARTMENT AND TRUCKEE MEADOWS WATER AUTHORITY, AND DO HEREBY RELINQUISH THOSE EXISTING EASEMENTS, EXCEPT AS NOTED, LOCATED WITHIN THE EXTERIOR BOUNDARY OF THIS PLAT, SAID EASEMENTS ARE RELINQUISHED IN FAVOR OF THOSE EASEMENTS, GRANTED, DELINEATED AND APPROVED HEREON.

CHARTER COMMUNICATIONS

NAME/TITLE (PRINT)

STATE OF NEVADA SS

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____, 202_, BY _____, AS _____, AS ______FOR CHARTER COMMUNICATIONS.

NOTARY PUBLIC

NEVADA BELL TELEPHONE COMPANY D/B/A AT&T NEVADA

NAME/TITLE (PRINT)

STATE OF NEVADA SS

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____, 202, BY _____, AS _____, AS ______FOR NEVADA BELL TELEPHONE COMPANY D/B/A AT&T NEVADA.

NOTARY PUBLIC

SIERRA PACIFIC POWER COMPANY D/B/A NV ENERGY

NAME/TITLE (PRINT)

STATE OF NEVADA SS

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____, 202_, BY _____, AS _____, AS _____, FOR SIERRA PACIFIC POWER COMPANY, A NEVADA CORPORATION D/B/A NV ENERGY.

NOTARY PUBLIC

SURVEYOR'S CERTIFICATE:

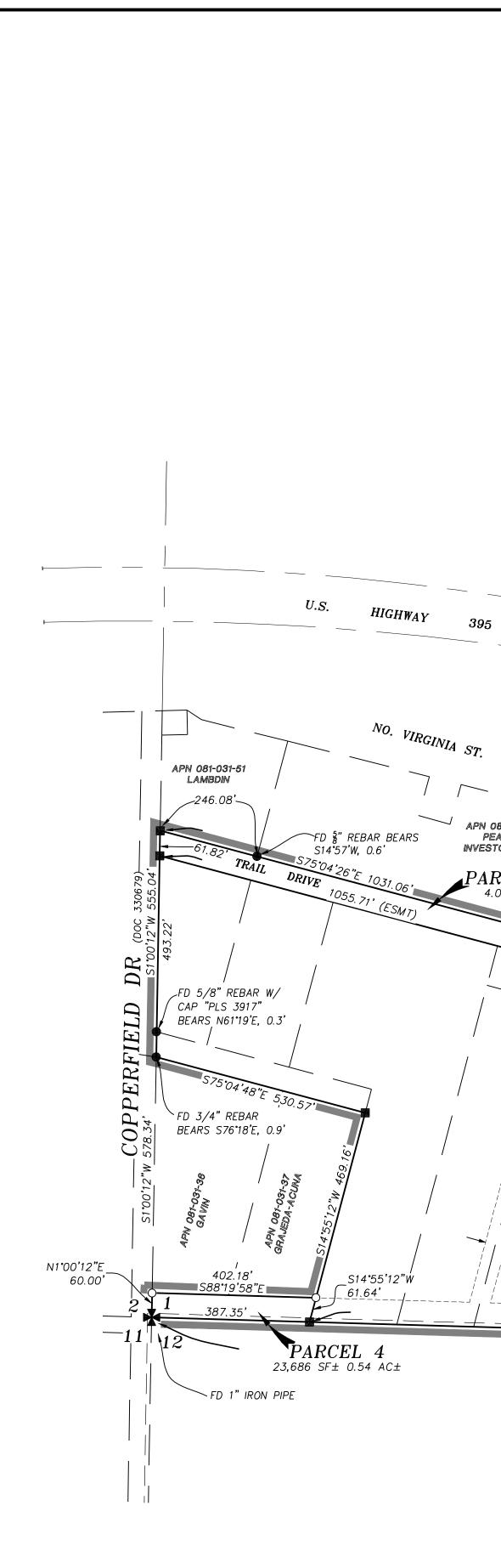
- I, ERIC C. SAGE A PROFESSIONAL LAND SURVEYOR LICENSED IN THE STATE OF NEVADA, CERTIFY THAT:
- 1. THIS PLAT REPRESENTS THE RESULTS OF A SURVEY CONDUCTED UNDER MY DIRECT SUPERVISION AT THE INSTANCE OF PEAVINE INVESTORS, LLC.
- 2. THE LANDS SURVEYED LIE WITHIN THE SOUTH ½ OF SECTION 1, TOWNSHIP 20 NORTH, RANGE 18 EAST, MDM, WASHOE COUNTY, NEVADA, AND THE SURVEY WAS COMPLETED ON JULY 7, 2022.
- 3. THIS PLAT COMPLIES WITH THE APPLICABLE STATE STATUTES AND ANY LOCAL ORDINANCES IN EFFECT ON THE DATE THAT THE GOVERNING BODY GAVE ITS FINAL APPROVAL, AND THE SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 625 OF THE NEVADA ADMINISTRATIVE CODE.
- 4. THE MONUMENTS DEPICTED ON THE PLAT ARE OF THE CHARACTER SHOWN, OCCUPY THE POSITIONS INDICATED AND ARE OF SUFFICIENT NUMBER AND DURABILITY.



ERIC C. SAGE, PLS NEVADA CERTIFICATED NO. 23301

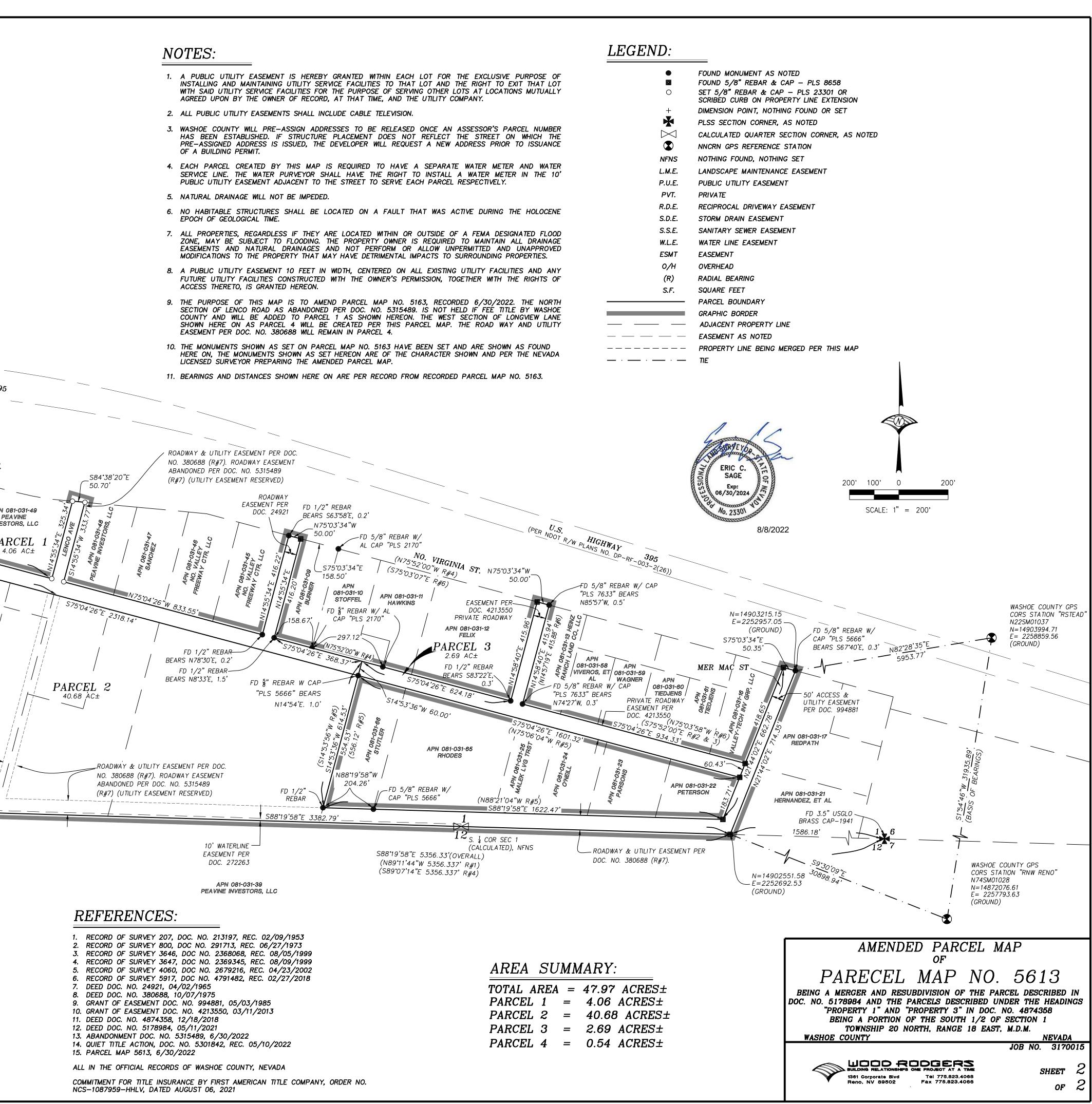
FILE NO FILED FOR RECORD AT THE REQUEST OF ON THIS DAY OF 202_, AT MINUTES PAST O'CLOCKM., OFFICIAL RECORDS OF WASHOE COUNTY NEVADA.	AMENDED PARCEL MAP of PARECEL MAP NO. 5613 being a merger and resubdivision of the parcel described in doc. no. 5178984 and the parcels described under the headings "property 1" and "property 3" in doc. no. 4874358 being a portion of the south 1/2 of section 1 township 20 north, range 18 east, m.d.m. washoe county newada
COUNTY RECORDER BY: DEPUTY FEE:	JOB NO. 3170015 BUILDING RELATIONSHIPS ONE PROJECT AT A TIME 1361 Corporate Blvd Reno, NV 89502 Fax 775.823.4066 OF 2

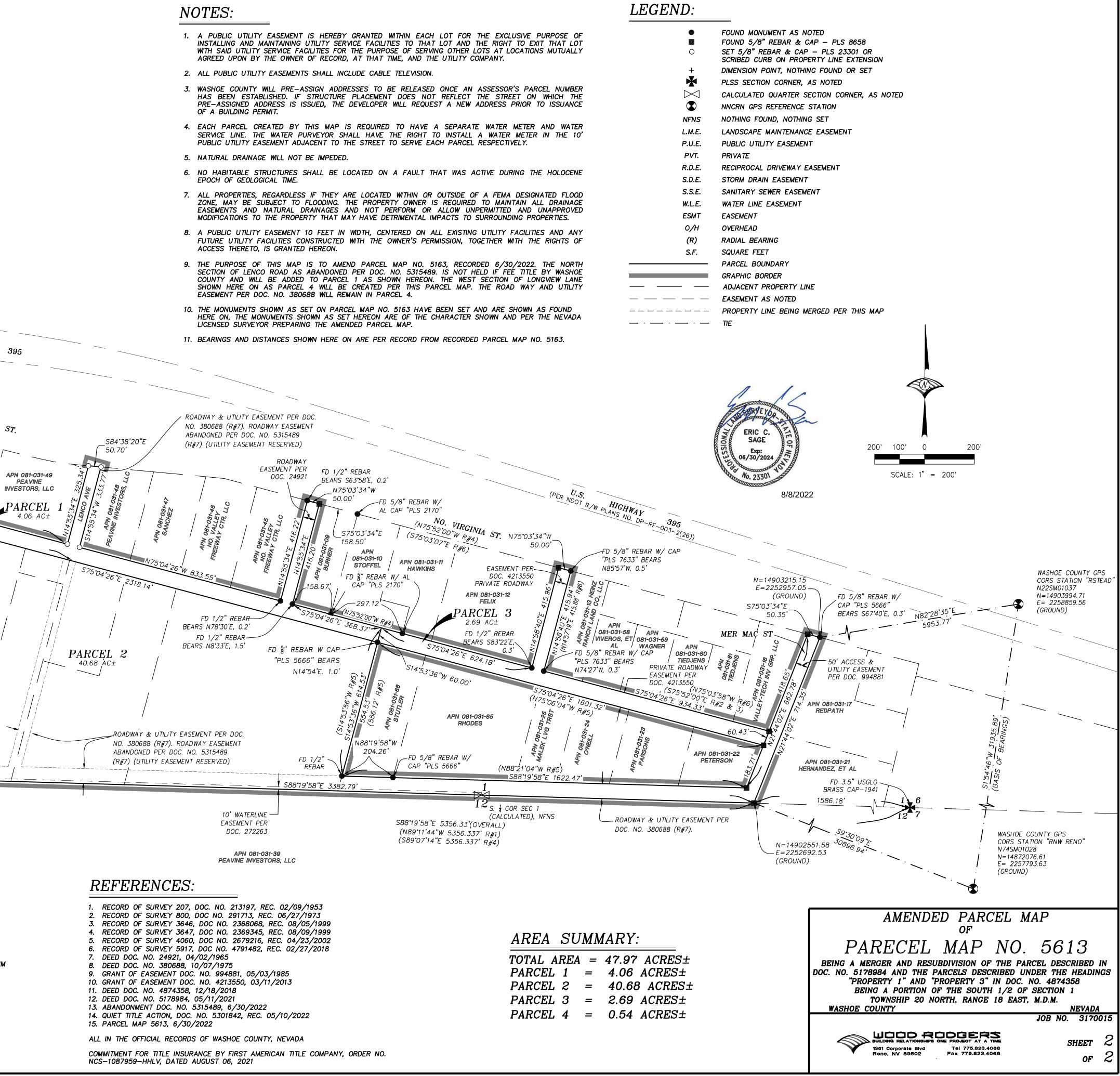
FOR REVIEW ONLY



BASIS OF BEARINGS:

NEVADA STATE PLANE COORDINATE SYSTEM, WEST ZONE, NORTH AMERICAN DATUM OF 1983/1994, HIGH ACCURACY REFERENCE NETWORK (NAD 83/94-HARN), AS DETERMINED USING REAL TIME KINEMATIC (RTK) GPS OBSERVATIONS WITH CORRECTIONS TRANSMITTED BY THE NORTHERN NEVADA COOPERATIVE REAL TIME NETWORK GPS (NNCRN GPS). THE BEARING BETWEEN GPS REFERENCE STATION "RSTEAD" - N22SM01037 AND "RNW RENO" - N74SM01028 IS TAKEN AS SOUTH 01°54'46" WEST. ALL DIMENSIONS SHOWN ARE GROUND DISTANCES. COMBINED GRID-TO-GROUND FACTOR = 1.000197939.





I. RECORD OF SURVEY 207, DOC. NO. 213197, REC. 02/09/1953 2. RECORD OF SURVEY 800, DOC NO. 291713, REC. 06/27/1973	
3. RECORD OF SURVEY 3646, DOC NO. 237713, REC. 08/05/1999	
4. RECORD OF SURVEY 3647, DOC NO. 2369345, REC. 08/09/1999	
5. RECORD OF SURVEY 4060, DOC NO. 2679216, REC. 04/23/2002	AREA SUMMAR
5. RECORD OF SURVEY 5917, DOC NO. 4791482, REC. 02/27/2018	
7. DEED DOC. NO. 24921, 04/02/1965	$TOTAL \ AREA = 47.3$
3. DEED DOC. NO. 380688, 10/07/1975	
9. GRANT OF EASEMENT DOC. NO. 994881, 05/03/1985	$PARCEL \ 1 = 4.0$
0. GRANT OF EASEMENT DOC. NO. 4213550, 03/11/2013	$PARCEL \ 2 = 40.$
1. DEED DOC. NO. 4874358, 12/18/2018	
12. DEED DOC. NO. 5178984, 05/11/2021	$PARCEL \ 3 = 2.6$
13. ABANDONMENT DOC. NO. 5315489, 6/30/2022	
14. QUIET TITLE ACTION, DOC. NO. 5301842, REC. 05/10/2022	$PARCEL \ 4 = 0.5$
15. PARCEL MAP 5613, 6/30/2022	