

NOTICE OF COMPLETION

DATED 9/3/2015

RECORDED NO. 20151058619 RECORDED ON 8/27/2015

FILED WITH CONTRACT # 33536 (POWELL CONSTRUCTORS INC.)

RECORDING REQUESTED BY

CITY OF LONG BEACH 333 W. Ocean Blvd Long Beach, CA 90802

AND WHEN RECORDED MAIL TO

CITY OF LONG BEACH **DEPT. OF PUBLIC WORKS Tidelands Capital Improvement Division** 333 W. Ocean Blvd 5th floor Long Beach, CA 90802 Attn: Elvira Manzo



SPACE ABOVE THIS LINE FOR RECORDER'S USE

NOTICE OF COMPLETION

Free recording requested per Government Code Section 6103.

NOTICE IS HEREBY GIVEN THAT:

- 1. The CITY OF LONG BEACH is owner of the interest or estate stated below in the property hereinabove described.
- 2. The full address of the undersigned is 333 West Ocean Boulevard, Long Beach, CA 90802.
- The nature of the title of the undersigned is in fee or public easement. 3.
- A work of improvement on the property hereinafter described was completed (except the items listed 4. below in item 8) on May 13, 2015.
- Said word of improvement is fully described as Contract No. 33536, executed on October 8, 2014. 5.
- The name of the original contractor for such work of improvement was Powell Constructors Inc. 6.
- 7. The property on which said work of improvement was completed is in the City of Long Beach, County of Los Angeles, State of California.
- 8. The installation of Redondo drain handrail, painting of the Pier ramps handrails and the irrigation of the slope east of Bixby Park remain to be completed.

NOTARY ACKNOWLEDGMENT

STATE OF CALIFORNIA COUNTY OF LOS ANGELES)

(Notary Signature)

The undersigned, being duly sworn on behalf of the City of Long Beach, says that he is the person signing the above document; that he has read the same, and knows the contents thereof, and that the acts stated therein

are true. LONG BEACH Signature of affiant) Subscribed and sworn to (or affirmed) before me on this_____ day of ,2014, , proved to me on the basis of satisfactory evidence to be the person who appeared before me. **SEAL** (Date)







20151058619



Pages: 0003

Recorded/Filed in Official Records Recorder's Office, Los Angeles County, California

08/27/15 AT 10:58AM

FEES: 0.00
TAXES: 0.00
OTHER: 0.00
PAID: 0.00



LEADSHEET



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SEQ:

DAR - Counter (Upfront Scan)



THIS FORM IS NOT TO BE DUPLICATED





CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 LOS Angeles	_ }
On August 25, 2015 before me,	Donna Marie Sanabria, (Here insert name and title of the officer)
personally appeared Nahit 7 who proved to me on the basis of satisfiame(s) is/are subscribed to the within he/she/they executed the same in his/	sfactory evidence to be the person(s) whose instrument and acknowledged to me that her/their authorized capacity(ies), and that by ment the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJUR the foregoing paragraph is true and community with the foregoing paragraph	DONNA MARIE SANABRIA Commission No. 2114675 NOTARY PUBLIC-CALIFORNIA LOS ANGELES COUNTY My Comm. Expires JUNE 9, 2019
Notary Public Signature (I	Notary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary
Notice of Completion	law.
(Title or description of attached document)	 State and County information must be the State and County where the documen signer(s) personally appeared before the notary public for acknowledgment.
Contract No. 33536 (Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date	The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time o notarization.
CAPACITY CLAIMED BY THE SIGNER	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/thev, is /are) or circling the correct forms. Failure to correctly indicate this
☐ Individual (s)	information may lead to rejection of document recording.
☐ Corporate Officer	The notary seal impression must be clear and photographically reproducible Impression must not cover text or lines. If seal impression smudges, re-seal if a
(Title)	sufficient area permits, otherwise complete a different acknowledgment form.
☐ Partner(s)	 Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Attorney-in-Fact	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
☐ Trustee(s) ☐ Other	 Indicate title or type of attached document, number of pages and date.
Other	Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
46 Vareum ceses Notars Classes com 800-870-9865	Securely attach this document to the signed document with a staple.