

RECORDING REQUESTED BY

DAVID J. ARATA

AND WHEN RECORDED MAIL TO

Name David J. Arata, Esq.  
Street Address 1840 The Alameda  
City & State San Jose, CA 95126

MAIL TAX STATEMENTS TO  
Name Mr. & Mrs. William Saporito  
Street Address 242 Maria Street  
City & State Santa Clara, CA 95050

140177

BOOK 232 PAGE 443  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
David J. Arata  
92 MAR 9 P1 51  
EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. 140177  
FEE \$500

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Trust Transfer Deed

TTD 879 IJ

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

## Grant Deed (Excluded from Reappraisal Under Proposition 13, i.e., Calif. Const. Art 13A§1 et. seq.)

The undersigned Grantor(s) declare(s) under penalty of perjury that the following is true and correct:  
THERE IS NO CONSIDERATION FOR THIS TRANSFER.

Documentary transfer tax is \$ 0

Computed on full value of property conveyed, or  computed on full value less value of liens and encumbrances remaining at time of sale or transfer.

There is no Documentary transfer tax due. (state reason and give Code § or Ordinance number) \_\_\_\_\_

Unincorporated area:  City of \_\_\_\_\_ and \_\_\_\_\_

This is a Trust Transfer under §62 of the Revenue and Taxation Code and Grantor(s) has (have) checked the applicable exclusion:

- Transfer to a revocable trust;
- Transfer to a short-term trust not exceeding 12 years with trustor holding the reversion;
- Transfer to a trust where the trustor or the trustor's spouse is the sole beneficiary;
- Change of trustee holding title;
- Transfer from trust to trustor or trustor's spouse where prior transfer to trust was excluded from reappraisal and for a valuable consideration, receipt of which is acknowledged.
- Other: \_\_\_\_\_

GRANTOR(S): WILLIAM S. SAPORITO and THERESA SAPORITO  
hereby GRANT(S) to WILLIAM SAPORITO AND THERESA SAPORITO AS CO-TRUSTEES  
UNDER THE WILLIAM AND THERESA SAPORITO LIVING TRUST DATED 10/18/91

the following described real property in the  
County of Eureka, State of California:

Lot 24, Block 2 Cresent Valley Ranch and Farm Unit #1

APN 02-027-16

Dated 10/18/91

*William S. Saporito*  
WILLIAM S. SAPORITO

*Theresa Saporito*  
THERESA SAPORITO  
Grantor - Transferor (s)

State of California  
County of Santa Clara  
On this the 18th day of October 19 91  
before me, DAVID J. ARATA  
the undersigned Notary Public, personally appeared

WILLIAM S. SAPORITO & THERESA SAPORITO

- personally known to me
- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument, and acknowledged that they executed it. WITNESS my hand and official seal.

*David J. Arata*  
Notary's Signature

OFFICIAL SEAL  
DAVID J. ARATA  
NOTARY PUBLIC - CALIFORNIA  
SANTA CLARA COUNTY  
My Commission Expires Dec. 14, 1994

(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow, Loan or Attorney File No. \_\_\_\_\_

MAIL TAX STATEMENTS AS DIRECTED ABOVE

PARCEL PAGE MAP BOOK Assessors Identification Number:

BOOK 232 PAGE 443

EUREKA COUNTY, NEVADA  
DECLARATION OF VALUE

Recording Date 3/9/92 Book 232 Page 443 Instrument # 140177

Full Value of Property Interest Conveyed \$ \_\_\_\_\_

Less Assumed Liens & Encumbrances \_\_\_\_\_

Taxable Value (NRS 375.010, Section 4) \$ \_\_\_\_\_

Real Property Transfer Tax Due \$ 0

If exempt, state reason. NRS 375.090, Section \_\_\_\_\_ Explain:

TRANSFER TO REVOCABLE LIVING TRUST  
§ 62 REV. + TAX CODE

Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL

Under penalty of perjury, I hereby declare that the above statements are correct.

X William Saporito  
Signature of Declarant

WILLIAM SAPORITO  
Name (Please Print)

242 MARIA ST.  
Address

SANTA CLARA CA 95050  
City State Zip

ESCROW HOLDER

Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Escrow Number

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Tax paid for the above transfer on March 9, 19 92, per NRS 375.030, Section 3.

Debbie Etcheagaray - Deputy  
Signature of Recorder or Representative