

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

Robert R. Campbell
16148 Starview Street
Moreno Valley, Ca. 921

BOOK 345 PAGE 421
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
02 JAN -2 PM 3:28

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 14.00

177604

DOCUMENTARY TRANSFER TAX \$ empt Code 11

SPACE ABOVE THIS LINE FOR RECORDER'S USE

..... Computed on the consideration or value of property conveyed; OR
..... Computed on the consideration or value less liens or encumbrances
remaining at time of sale.

Signature of Declarant or Agent determining tax — Firm Name

APN: 005-340-15

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Robert Roy Campbell and Irene B. Campbell, Trustees and Subsequent Trustees of the
Campbell Family Trust Dated November 11, 1988

hereby GRANT(S) to Robert Campbell, Jr., A Married Man

the real property in the ~~City of~~ unincorporated area
County of Eureka

State of California, described as

The Southeast one quarter of Section 27, Township 30 North, Range 50 East
Mount Diablo Base & Meridian.

Excepting 90% of a coal, oil, gas and other minerals including the right of
entry as reserved that certain deed from Strathearn Cattle Company, a corpor-
ation, et al, to M Nichols, dated April 30, 1959

Dated December 3, 2001

STATE OF CALIFORNIA }
COUNTY OF Riverside } ss.

On December 3, 2001 before me,

P. Carey, Notary Public

personally appeared Robert Roy Campbell and

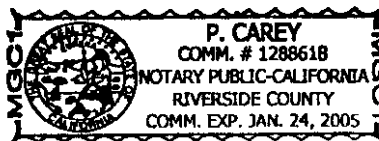
Irene B. Campbell

personally known to me (or proved to me the basis of satisfactory
evidence) to be the person(s) whose name(s) 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 signa-
ture(s) on the instrument the person(s) or entity upon behalf of which
the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]

Robert Roy Campbell
Robert Roy Campbell
Irene B. Campbell
Irene B. Campbell



(This area for official notarial seal)

MAIL TAX STATEMENTS TO:

ROBERT R. CAMPBELL
16148 STARVIEW
MORENO VALLEY, CA 921

177604

BOOK 345 PAGE 421

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 005-340-15
b) _____
c) _____
d) _____

2. Type of Property:
a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ Other

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	<u>177684</u>
Book	<u>345</u> Page: <u>421</u>
Date of Recording:	<u>1-2-02</u>
Notes:	

3. Total Value/Sales Price of Prerty \$ 0
Deed in Lieu of Foreclosure Onvalue of property) (_____)
Transfer Tax Value: \$ _____
Real Property Transfer Tax U \$ _____

4. If Exemption Claimed:
a. Transfer Tax Exemption pNRS 375.090, Section 11
b. Explain Reason for Exetion: PARENT TO CHILD
5. Partial Interest: Percentage hg transferred: 100 %

The undersigned declares & acknowledges, under penalty of perjury, pursuant to NRS.375.060 and NRS 375.110, that the infornon provided is correct to the best of their information and belief, and can be supported by documentation if cal upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance ory claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tdue plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and seavily liable for any additional amount owed.

Signature Robert P. Campbell Capacity Trustee
Signature Travis B. Campbell Capacity Trustee

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: <u>ROBERT ROY CAMPBELL TRAVIS B. CAMPBELL</u>	Print Name: <u>ROBERT P. CAMPBELL</u>
Address: <u>1717 SKYVIEW DR.</u>	Address: <u>16148 STARVIEW</u>
City: <u>HENRI</u>	City: <u>MORENO VALLEY</u>
State: <u>CA</u> Zip: <u>9245</u>	State: <u>CA</u> Zip: <u>92551</u>

COMPANY/PERSON REQUEST: RECORDING (required if not seller or buyer)
Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____