

BOOK 415 PAGE 378-382
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
M. Sue Krafft
2005 JUN 13 PM 2:34

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 1800

199353

RECORDING REQUESTED BY
M. SUE KRAFFT, ESQ.

When Recorded and Tax Statements Mail To
Karla Graham, Trustee of the
Graham Family Trust u/t/d 10/25/1991
157 North Lowell
Glendora, California 91741

APN 005-290-03

TRUST TRANSFER DEED

This conveyance transfers an interest into or out of a Living
Trust. R&T 11930

See Attached Exhibit "A" For Complete Legal Description

Commonly Known As: Vacant Land

RECORDING REQUESTED BY

M. Sue Krafft, Esq.

AND WHEN RECORDED MAIL TO

Karla Graham, Trustee of the
Graham Family Trust
u/t/d 10/25/1991

157 North Lowell Avenue
Glendora, California 91741

MAIL TAX STATEMENTS TO

Karla Graham, Trustee of the
Graham Family Trust
u/t/d 10/25/1991

157 North Lowell Avenue
Glendora, California 91741

Title Order No. _____

Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN 005-290-03

Trust Transfer Deed

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 \$ _____ NONE

☐ 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) This conveyance transfers an interest into or out of a Living Trust. R&T 11930

☒ 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): Karla Rae Graham, an unmarried woman,

hereby **GRANT(S)** to Karla Graham, Trustee of the GRAHAM FAMILY TRUST u/t/d 10/25/1991 or any Successor Trustee(s) named therein, the following described real property in the County of Eureka, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

Dated June 9, 2005

STATE OF CALIFORNIA

COUNTY OF Los Angeles

On June 9, 2005, before me, the undersigned, a Notary Public in and for said State, personally appeared

Karla Graham

Karla Rae Graham
Karla Rae Graham

Grantor - Transferor(s)

personally known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Davana Leavitt Valentino
Davana Leavitt Valentino



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EXHIBIT "A"

All that certain property situated in the County of Eureka, State of Nevada, described as follows:

TOWNSHIP 30 NORTH, RANGE 49 EAST, MDB&M

Section 5: S $\frac{1}{2}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$

Together with all buildings and improvements thereon.

Together with all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, rents, issues and profits thereof.

Commonly Known As: VACANT LAND
A.P.N. 005-290-03

CERTIFICATION OF TRUSTEES UNDER TRUST
(California Probate Code Section 18100.5)

The undersigned being of legal age, hereby declare and certify under penalty of perjury as follows:

1. That the undersigned are all of the current trustees of the following described trust (the "Trust") and that the following information regarding said Trust is true and correct:
 - a. Name of Trust: GRAHAM FAMILY TRUST
 - b. Date of Execution of Trust Instrument: October 25, 1991
 - c. Trustor(s)/Settlor(s) (the person(s) who originally put the property into the Trust):

KARLA GRAHAM
 - d. Original Trustee(s): KARLA GRAHAM
 - e. Trust identification number: 573-40-0612
2. That the following person(s), if any, have the power to revoke the Trust: KARLA GRAHAM
3. The power of the trustee(s) includes:
 - (a) The powers to sell, convey and exchange: xxx YES ___ NO (Check One)
 - (b) The power to borrow money and encumber the trust property for any purposes with a deed of trust or mortgage: xxx YES ___ NO (Check One)
4. The Trust (a) does; (b) does not have multiple trustees (Circle One). **DOES NOT**
If the Trust has multiple trustees, the signatures of all of the trustees or of any ___
(insert number) of the trustees is required to exercise the powers of the Trust.
5. If property is being acquired by the Trust, then title to the assets are to be taken as follows:

KARLA GRAHAM, Trustee of the GRAHAM FAMILY TRUST w/t/d 10/25/1991
6. The Trust is in full force and effect and has not been revoked, terminated, or otherwise amended in any manner, which would cause the representations in this Certification to be incorrect.

This Certification is being signed by all of the currently acting trustees and is made pursuant to California Probate Code Section 18100.5.

Executed under penalty of perjury under the laws of the State of California, this 9th day of June 2005.

Trustee(s):

Address:


KARLA GRAHAM

157 North Lowell Avenue
Glendora, CA 91741

ATTACHED HERETO ARE THE PERTINENT PAGES OF THE TRUST, WHICH VERIFY THE ABOVE-
STATED INFORMATION: PAGES _____

ACKNOWLEDGMENT

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

On June 9, 2005, before me, the undersigned, a Notary Public in and for said State, personally appeared **KARLA GRAHAM**, in his capacity as both Trustor and Trustee of the **GRAHAM FAMILY TRUST**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this with instrument and acknowledged to me that he executed the same in his authorized capacities, and that by his signatures on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Davana Leavitt Valentino
Signature

Davana Leavitt Valentino
Name (Typed or Printed)



199353

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 005-290-03

b) _____

c) _____

d) _____

2. Type of Property:

a) ☒ Vacant Land

b) ☐ Single Fam. Res.

c) ☐ Condo/Twnhse

d) ☐ 2-4 Plex

e) ☐ Apt. Bldg

f) ☐ Comm'l/Ind'l

g) ☐ Agricultural

h) ☐ Mobile Home

☐ Other _____

FOR RECORDER'S OPTIONAL USE ONLY

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Date of Recording: 6-1-305

Notes: #199353

3. Total Value/Sales Price of Property \$ _____

Deed in Lieu of Foreclosure Only (value of property) (_____)

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**

a. Transfer Tax Exemption per NRS 375.090, **Section 6**

b. Explain Reason for Exemption: **Transfer without consideration to or from a Trust.**

5. Partial Interest: Percentage being transferred: _____ %

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

Signature Karla Graham Capacity Individually and as Trustee
KARLA GRAHAM of the Graham Family Trust

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Karla Graham

Address: 157 N. Lowell Avenue

City: Glendora

State: CA Zip: 91723-41

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Karla Graham

Address: 157 N. Lowell Avenue

City: Glendora

State: CA Zip: 91723-41

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: M. Sue Krafft, Esquire

Escrow #: _____

Address: 342 West Badillo Street

City: Covina

State: CA

Zip: 91723

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)