

This Deed was prepared by:
JAMES G. KNOLLMILLER, Attorney at Law
1745 S. Alma Sch. Rd., #230, Mesa, AZ 85210

Recording Requested By
and when Recorded Mail to:
Ms. Sharon L. Soto
6211 Lake Alturas Avenue
San Diego, California 92119

Mail Tax Statements to:
Ms. Sharon L. Soto
6211 Lake Alturas Avenue
San Diego, California 92119

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Sharon L. Soto
2005 JUL 15 PM 12:56

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

200104

Parcel No. 005-190-02

TRUST TRANSFER DEED

GRANTOR: SHARON L. SOTO, an unmarried woman, does by these presents hereby release, convey and assign forever to the GRANTEE: SHARON L. SOTO, Trustee of SOTO FAMILY TRUST U/A/D July 12, 2005 all of her right, title and interest, including all warranties of title to which she is entitled, in and to the following described real property located in the County of Eureka, State of Nevada:

The Northwest Quarter of the Northwest Quarter of the Southwest Quarter of Section 11, Township 30 North, Range 48 East, M.D.B.M., as per Government Survey.

RESERVING THEREFROM an easement of 30 feet along all boundaries for ingress and egress, with power to dedicate.

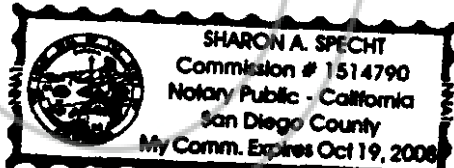
SUBJECT TO current taxes, assessments, reservations in patents and all easements, rights of way, encumbrances, covenants, conditions, and restrictions as may appear of record.

The Grantor hereby binds herself and her successors to warrant and defend the title, as against all acts of the Grantor herein and no other, subject to the matters above set forth. This conveyance transfers the Grantor's property into her revocable living trust and does not constitute a change of ownership or a sale. The name and address of the grantor and beneficiary of the trust is SHARON L. SOTO, 6211 Lake Alturas Avenue, San Diego, California 92119.

Sharon L. Soto
SHARON L. SOTO

STATE OF CALIFORNIA)
) ss.
County of San Diego)

On July 12, 2005 before me, SHARON A. SPECHT, notary public, personally appeared SHARON L. SOTO, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.



(SEAL)

Sharon A. Specht
NOTARY PUBLIC

CAPACITY CLAIMED BY SIGNER

☒ Individual(s)
☐ Partner(s) ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Guardian/Conservator
Signer is Representing ☐ Name of Person(s) or Entity(ies)

☐ Corporate Officer(s) [Title(s)]
☐ Trustee(s)
☐ Other

200104

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STATE OF NEVADA

DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 005-190-02
 b) _____
 c) _____
 d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 200104
 Book: 417 Page: 371
 Date of Recording: 7-13-05
 Notes: _____

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
 i) ☐ Other

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 TITLE INTO NAME OF
NEW REVOCABLE LIVING TRUST. CERTIFICATE OF TRUST ATTACHED
 5. Partial Interest: Percentage being transferred: _____ % (Trust presented)

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 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 Sharon L Soto Capacity Trustee
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: SHARON L SOTO
 Address: 6211 LAKE ALTAIR AVE
 City: SAN DIEGO
 State: CA Zip: 92119

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: SHARON L SOTO TRUSTEE
 Address: SAME AS GRANTOR
 City: _____
 State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)