

BOOK 435 PAGE 070-076  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*SB Grant & EB Franklin LLC*  
2006 APR 17 PM 3:17

APN # 003-202-04, 003-251-04, 003-234-01,  
003-201-03, 003-251-05, 003-224-03,  
003-233-02, 003-254-01, 003-242-04,  
Recording Requested By: 003-187-04, 003-186-02  
003-185-03, 003-191-01  
Name SB Grant & EB Franklin LLC

EUREKA COUNTY, CALIFORNIA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 45.00

Address Suite 202 #431, 29030 SW  
Town Center Loop East  
City/State/Zip Wilsonville, OR  
97070

204501

Grant Deed  
(Title of Document)

COPY

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

20021000738

Form with fields for decedent personal data, usual residence, informant, spouse and parent information, disposition, funeral director and local registrar, place of death, cause of death, physician's certification, and coroner's use only.

226556

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF MARIN

DATE ISSUED

06/03/2002

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

Handwritten signature: Fred S. Schwartz, M.D.

BOOK 435 PAGE 071

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Peter E. Mitchell (Bar # 44303)  
MacDonald, Praetzel, Mitchell, Hedin & Breiner  
100 J Fourth Street, Suite 570  
San Rafael, California 94901

TELEPHONE AND FAX NOS.:

(415) 453-0534  
(415) 453-0441

FOR COURT USE ONLY

**FILED**

JUN 10 2002

JOHN P. MONTGOMERY,  
Court Executive Officer  
MARIN COUNTY SUPERIOR COURT  
BY: N. JOHNSON, DEPUTY

ATTORNEY FOR (Name): Parrell F. Pedersen, Petitioner

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN

STREET ADDRESS: 3501 Civic Center Drive

MAILING ADDRESS: P.O. Box 4988

CITY AND ZIP CODE: San Rafael, CA 94913-4988

BRANCH NAME:

ESTATE OF (Name):

EDWARD F. PIERCE

DECEDENT

**LETTERS**

TESTAMENTARY

OF ADMINISTRATION WITH WILL ANNEXED

OF ADMINISTRATION

SPECIAL ADMINISTRATION

CASE NUMBER:

PR 022418

**LETTERS**

1.  The last will of the decedent named above having been proved, the court appoints (name):  
Parrell F. Pedersen

a.  executor.

b.  administrator with will annexed.

2.  The court appoints (name):

a.  administrator of the decedent's estate.

b.  special administrator of decedent's estate

(1)  with the special powers specified in the Order for Probate.

(2)  with the powers of a general administrator.

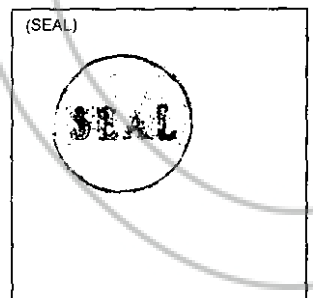
(3)  letters will expire on (date):

3.  The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  with full authority

with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

4.  The personal representative is not authorized to take possession of money or any other property without a specific court order.

WITNESS, clerk of the court, with seal of the court affixed.



Date: JUN 10 2002

Clerk, by JOHN P. MONTGOMERY

N. JOHNSON  
(DEPUTY)

**AFFIRMATION**

1.  PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).

2.  INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.

3.  INSTITUTIONAL FIDUCIARY (name):

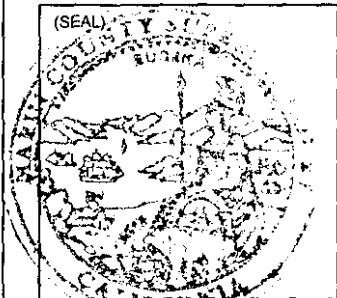
I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer. (Name and title):

4. Executed on (date): June 3, 2002  
at (place): San Rafael, California, California.

(SIGNATURE)

**CERTIFICATION**

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.



Date: JUN 10 2002

Clerk, by JOHN P. MONTGOMERY

N. JOHNSON  
(DEPUTY)

The undersigned hereby affirms that there is no Social Security number contained in this document.

THIS DOCUMENT PREPARED BY:  
AND WHEN RECORDED MAIL  
THIS DEED AND MAIL TAX  
STATEMENTS TO:

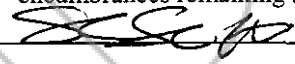
S B Grant & E B Franklin LLC  
Suite 202#431  
29030 SW Town Center Loop East  
Wilsonville, OR 97070-5499

Above this line reserved for Official Use Only

Assessor's Parcel No. = 003-202-04, 003-231-04, 003-234-01, 003-201-03, 003-251-05, 003-224-03, 003-233-02, 003-254-01, 003-242-04, 003-187-04, 003-186-02, 003-185-03, 003-191-01

## GRANT DEED

DOCUMENTARY TRANSFER TAX \$37.05  
 Computed on full value of property conveyed, or  
 Computed on full value less liens and encumbrances remaining at time of sale.



### KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, Parrell F. Pedersen, executor for the estate of Edward F. Pierce, hereinafter referred to as "Grantor", do hereby grant, bargain, sell, and convey unto S B Grant & E B Franklin LLC, a Limited Liability Company organized under the laws of the state of Oregon, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of Eureka, State of Nevada, to-wit:

SEE DESCRIPTION ATTACHED "EXHIBIT A"

LESS AND EXCEPT all oil, gas and minerals, on and under the above described property owned by Grantor, if any, which are reserved by Grantor.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD TOGETHER with all tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

GRANTORS do for Grantor and Grantor's heirs, personal representatives, executors and assigns forever hereby covenant with GRANTEE that Grantor is lawfully seized in fee simple of said premises; that premises are free from all encumbrances, unless otherwise noted above; that Grantor has a good right to sell and convey the same as aforesaid; and to forever warrant and defend the title to the said lands against all claims whatever.

WITNESS Grantor(s) hand(s) this the 27<sup>th</sup> day of MARCH, 2006.

[Signature]  
Grantor  
Parrell F. Pedersen

STATE OF OREGON

COUNTY OF KLAMATH

This instrument was acknowledged before me on MARCH 27, 2006  
(date) by Parrell F. Pedersen

[Signature]  
Notary Public COMM. EXP - 9-20-09

Printed Name: KAREN A. BAKER



(Seal)

My Commission Expires: 9.20.09

**GRANTOR'S NAME, ADDRESS:**

Parrell F. Pedersen  
409 Pine Street  
Klamath Falls, OR 97601

**GRANTEE'S NAME, ADDRESS:**

S B Grant & E B Franklin LLC  
Suite 202#431  
29030 Town Center Loop East  
Wilsonville, OR 97070-5499

**RETURN RECORDED DEED AND SEND TAX STATEMENTS TO GRANTEE**

# Exhibit A

**Assessor's Parcel Number: 003-202-04**  
Lots 8 and 9, Block E;

**Assessor's Parcel Number: 003-231-04**  
Lot 4, Block Q;

**Assessor's Parcel Number: 003-234-01**  
Lots 1, 2, 3, 4 and 5, Block T;

**Assessor's Parcel Number: 003-201-03**  
Lots 4, 5 and 6 Block D;

**Assessor's Parcel Number: 003-251-05**  
Lots 4, 5 and 6, Block Z;

**Assessor's Parcel Number: 003-224-03**  
Lots 4 and 17, Block L;

**Assessor's Parcel Number: 003-233-02**  
Lots 4, 5 and 6, Block S;

**Assessor's Parcel Number: 003-254-01**  
Lot 12, Block CC;

**Assessor's Parcel Number: 003-242-04**  
Lots 4, 5 and 6, Block X;

of, and as shown upon a subdivision map of, Section 15, Township 29 North, Range 48 East, Mount Diablo Base and Meridian, which map was prepared by, and filed at the request of W.H. Setelmeyer, October 5, 1961 at 2:10 p.m., File No. 35633; to which map reference is made for further particulars;

and the right, permission and authority to take and use without consideration, water for domestic purposes, from a water well located upon said Section 15, located about 1360' east and about 200' north from the common corner of Sections 15, 16, 21 and 22 of Township 29 North, Range 48 East, Mount Diablo Base and Meridian;

and the right to use and enjoy at all times, together with ingress and egress therefrom, a lake constructed upon said Section 15, described as "NOT A PART" upon a subdivision map prepared by and filed at the request of W.H. Setelmeyer, licensed surveyor, with the County Recorder of the County of Eureka, State of Nevada, on December 5, 1960, File No. 35161, to which map reference is made for further particulars.

# Exhibit A

**Assessor's Parcel Number: 003-187-04**  
Lot 20;

**Assessor's Parcel Number: 003-186-02**  
Lots 21 and 22;

**Assessor's Parcel Number: 003-185-03**  
Lot 23;

**Assessor's Parcel Number: 003-191-01**  
Lots 25 and 26;

of and as shown upon a subdivision map of, Section 15, Township 29 North, Range 48 East, Mount Diablo Base and Meridian, which map was prepared by, and filed at the request of W.H. Setelmeyer, licensed surveyor, with the County Recorder of the County of Eureka, State of Nevada, on December 5, 1960, File No. 35161, to which map referenced is made for further particulars.

and the right to use and enjoy at all times, together with ingress and egress therefrom, a lake constructed upon said Section 15, described as "NOT A PART" upon a subdivision map prepared by and filed at the request of W.H. Setelmeyer, licensed surveyor, with the County Recorder of the County of Eureka, State of Nevada, on December 5, 1960, File No. 35161, to which map referenced is made for further particulars.

**204501**

# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>204501</u>
Book:	<u>435</u> Page: <u>090-076</u>
Date of Recording:	<u>4-17-06</u>
Notes:	_____

**1. Assessor Parcel Number (s)**

- a) See attached list
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**2. Type of Property:**

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg.   | f) <input type="checkbox"/> | Comm'l/Ind'l    |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

**3. Total Value/Sales Price of Property:**

\$ 9,309.00  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ 9,309.00  
 Real Property Transfer Tax Due: \$ 37.05

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_
- b. Explain Reason for Exemption: \_\_\_\_\_

**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 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 [Signature] Capacity agent for buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Parrell F. Pedersen  
 Address: 409 Pine St.  
 City: Klamath Falls  
 State: OR Zip: 97601

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: SB Grant + EB Franklin LLC  
 Address: Suite 202#431, 29030 SW Town Center Loop East  
 City: Wilsonville  
 State: OR Zip: 97070

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: SB Grant + EB Franklin LLC Escrow # \_\_\_\_\_  
 Address: Suite 202#431, 29030 SW Town Center Loop East  
 City: Wilsonville State: OR Zip: 97070

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)



**Assessor Parcel Numbers**

- 003-202-04
- 003-231-04
- 003-234-01
- 003-201-03
- 003-251-05
- 003-224-03
- 003-233-02
- 003-254-01
- 003-242-04
- 003-187-04
- 003-186-02
- 003-185-03
- 003-191-01

