

# Quit Claim Deed

APN: 005-410-05

Recording requested by, and mail Tax Statement to:

Douglas S. Hadnot  
PO Box 278  
Lolo, MT 59847



THIS INDENTURE WITNESS That the GRANTORS: **STEPHEN S. ELLIS, M.D., RETIREMENT TRUST**, of 162 Jayhawk Lane, Hamilton, Montana 59840, an undivided 50% interest, and **DOUGLAS S. HADNOT, TRUSTEE, FAMILY DENTAL GROUP, P.C., PROFIT SHARING AND PENSION PLAN**, of P.O. Box 278, Lolo, Montana 59847, an undivided 50% interest, do hereby QUIT CLAIM the right, title and interest, if any, which GRANTORS may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEES: **DOUGLAS S. HADNOT, AND SUSAN K. HADNOT AS JOINT TENANTS**, of P.O. Box 278, Lolo, Montana 59847, an undivided 50% interest, and **STEPHEN S. ELLIS II, AND JACQUELINE G. ELLIS II AS JOINT TENANTS**, of 162 Jayhawk Lane, Hamilton, Montana 59840, an undivided 50% interest. All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

**TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M. Section 21: NE1/4**

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom lying in and under said land, as reserved by Southern Pacific Land Company, in deed recorded in Book 24, Page 168, Deed Records, Eureka County Nevada.

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, We have hereunto set our hands on 11-16, 2010.

[Signature]  
Signature of Grantor

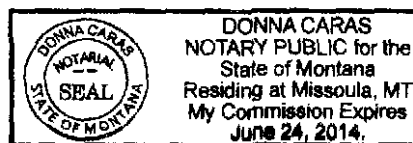
[Signature]  
Signature of Grantor

STATE OF MONTANA  
COUNTY OF MISSOULA

This instrument was acknowledged before me on NOVEMBER 16, 2010.

By STEPHEN S. ELLIS & DOUGLAS S. HADNOT

[Signature]  
Notary Public  
My Commission expires: 6/24/2014



# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	0216118
Book:	510 Page: 2
Date of Recording:	11-19-10
Notes:	Retirement plan presented

1. Assessor Parcel Number (s)  
 a) 005-410-05  
 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: \$ No Consideration  
 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: #1 Change of Identity  
 b. Explain Reason for Exemption: This is a transfer from my retirement plan to myself, personally and for #7 transfer from a trust without consideration

5. Partial Interest: Percentage being transferred: 100 %

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 Douglas S Hadnot Capacity TRUSTEE  
 Signature Douglas S Hadnot Capacity GRANTEE

SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: <u>DOUGLAS S Hadnot, Trustee</u>	Print Name: <u>DOUGLAS S. HADNOT</u>
Address: <u>PO BOX 278</u>	Address: <u>PO BOX 278</u>
City: <u>LOLO</u>	City: <u>LOLO</u>
State: <u>MT</u> Zip: <u>59847</u>	State: <u>MT</u> Zip: <u>59847</u>

COMPANY/PERSON REQUESTING RECORDING  
 (REQUIRED IF NOT THE SELLER OR BUYER)  
 Print Name: DOUGLAS S. HADNOT Escrow # N/A  
 Address: PO BOX 278  
 City: LOLO State: MT Zip: 59847

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)



**STATE OF NEVADA  
DECLARATION OF VALUE**

**DOC # DV-216118**

11/19/2010 01:40 PM

**FOR RECORD**  
 Document/Ins \_\_\_\_\_  
 Book: \_\_\_\_\_  
 Date of Recorl \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Official Record**  
*Retirement Plan Presented*  
 Recording requested By 988  
 D S HADNOT DDS

Eureka County - NV  
 Mike Rebaleati - Recorder

Page 1 of 2 Fee: \$14.00  
 Recorded By FES RPTT  
 Book- 510 Page- 0002

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

- a) 005-410-05
- 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        |                             |                 |

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\* Signature Stephen S Ellis, Trustee Capacity Trustee  
 \* Signature Stephen S Ellis, Grantee Capacity Grantee

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: Stephen S Ellis, Trustee  
 Address: 162 Jayhawk Lane  
 City: Hamilton  
 State: MT Zip: 59840

(REQUIRED)  
 Print Name: Stephen S Ellis  
 Address: 162 Jayhawk Lane  
 City: Hamilton  
 State: MT Zip: 59840

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