

JOINT TENANCY DEED

APN: 005-260-45

DOC # 0220166

03/22/2012 03:02 PM

Official Record

Recording requested By JAMES McMULLAN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 2

RPTT

Recorded By: FES

Book- 530 Page- 0225

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: JAMES McMULLAN
Address: P.O. BOX 899
City/State/Zip: ISLAND HEIGHTS, N.J. 08732



THIS INDENTURE made this 20th day of MARCH, 2012, by and between EDWARD MADDEN McMULLAN LV. TRUST hereinafter referred to as Grantor(s), and JAMES AND HELENE McMULLAN hereinafter referred to as Grantees, whose address is (if applicable): 8-OCEAN AVE. (PO BOX 899), situate in the City of ISLAND HEIGHTS, County of OCEAN, State of N.J., 08732.

WITNESSETH:

For valuable consideration received, Grantor(s) does by these presents grant, bargain and sell unto said Grantees as joint tenants with rights of survivorship and not as tenants in common, and their assigns and heirs and assigns of the survivor forever, all that certain real property situate in the County of EUREKA, State of NV that is described as follows:

(Set forth legal description)

T30N, R49E SEC. 15 E2SE4

SUBJECT TO taxes for the present fiscal year, and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and right of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances there-unto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issue and profits thereof.

TO HAVE AND TO HOLD said premises, together with the appurtenances, unto said Grantee as joint tenants with rights of survivorship and not as tenants in common and their assigns and the heirs and assigns of the survivor forever.

IN WITNESS WHEREOF, Grantor(s) has caused this conveyance to be executed the day and year first above written.

Edward Madden Trustee of EDWARD MADDEN McMULLAN LIVING TRUST
Signature of Grantor

STATE OF NEVADA
COUNTY OF EUREKA

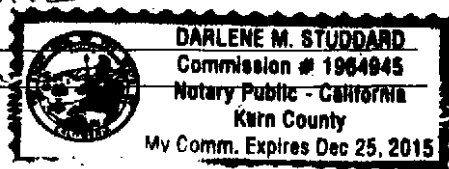
3/20/12

This instrument was acknowledged before me on (date)

By (person(s) appearing before notary public) James Mc Mullan Trustee of

Edward Madden Mc Mullan Living
Notary Public Darlene M Studdard Trust

My Commission expires: 12/29/2015



(Notary Stamp)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Kern

On 03/20/12 before me, Darlene M Studdard Notary Public

personally appeared James P Mc Mullen Jr



who proved 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Darlene M Studdard

Place Notary Seal Above

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

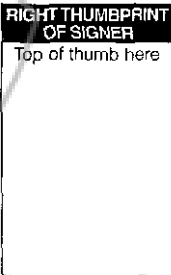
Title or Type of Document: Joint tenancy Deed

Document Date: 03/20/12 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

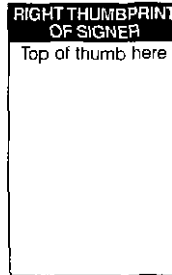
**Capacity(ies) Claimed by Signer(s)**

- Signer's Name: \_\_\_\_\_
- Individual
  - Corporate Officer — Title(s): \_\_\_\_\_
  - Partner —  Limited  General
  - Attorney in Fact
  - Trustee
  - Guardian or Conservator
  - Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

- Signer's Name: \_\_\_\_\_
- Individual
  - Corporate Officer — Title(s): \_\_\_\_\_
  - Partner —  Limited  General
  - Attorney in Fact
  - Trustee
  - Guardian or Conservator
  - Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

**STATE OF NEVADA  
DECLARATION OF VALUE**

FOR RECOR  
Document/In  
Book: \_\_\_\_\_  
Date of Recd  
Notes: \_\_\_\_\_

**DOC # DV-220166**

03/22/2012 03:02 PM

**Official Record**

*Cert of Trust + Death Cert. present*  
Recording requested By  
JAMES McMULLAN *JEM*

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$15.00

Recorded By: FES RPTT:

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1. Assessor Parcel Number (s)  
a) 005-260-45  
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:

Deed in Lieu of Foreclosure Only (value of property) \$ 8,800  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 7  
b. Explain Reason for Exemption: TRANSFER OF TITLE 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: [Signature] Capacity: GRANTEE  
Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
Print Name: EDWARD MADDEU McMULLAN TRUST  
Address: P.O. BOX 899  
City: ISLAND NEIGHYS  
State: N.V. Zip: 08732

(REQUIRED)  
Print Name: JAMES AND HELENE McMULLAN  
Address: P.O. BOX 899  
City: ISLAND NEIGHYS  
State: N.V. Zip: 08732

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_