

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



0220166

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 LN. 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. (P.O. 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.

James McMullan Trustee of
EDWARD MADDEN McMULLAN LIVING TRUST
Signature of Grantor Signature of Grantor

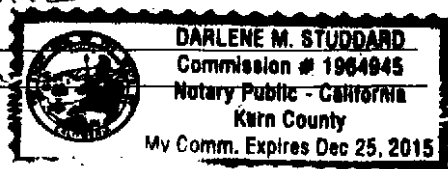
STATE OF NEVADA CA)
COUNTY OF EUREKA Keon)

This instrument was acknowledged before me on (date) 3/20/12

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: 12/25/2015



(Notary Stamp)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Kern

On 03/20/12 before me, Darlene M Studdard Notary Public
Date Here Insert Name and Title of the Officer

personally appeared James P Mc Millan Jr
Name(s) of Signer(s)



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.

Place Notary Seal Above

Signature Darlene M Studdard
Signature of Notary Public

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: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

STATE OF NEVADA
DECLARATION OF VALUE

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) \$
Transfer Tax Value: \$
Real Property Transfer Tax Due: \$

FOR RECOR

Document/In
Book: _____
Date of Recd: _____
Notes: _____

DOC # DV-220166

03/22/2012

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Official Record

Cert of Trust & Death Cert. present

Recording requested By
JAMES McMULLAN

JEM

Eureka County - NV

Mike Rebaleati - Recorder

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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

(REQUIRED)

Print Name: EDWARD MADDEEN McMULLAN TRUST
Address: P.O. BOX 899
City: ISLAND HEIGHTS
State: N.V. Zip: 08732

BUYER (GRANTEE) INFORMATION

(REQUIRED)

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

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)