

RECORDING REQUESTED BY:  
BUXBAUM & CHAKMAK  
AND WHEN RECORDED MAIL  
DOCUMENT & TAX STATEMENT TO:  
Amos J. Harte  
9606 Hamilton Street  
Alta Loma, CA 91701

DOC # 0229175

02/26/2015

01:06 PM

Official Record  
Recording requested By  
BUXBAUM & CHAKMAK

Eureka County - NV  
Sara Simmons - Recorder

Fee: \$14.00

Page 1 of 1

RPTT:

Recorded By: LH

Book- 577 Page- 0173



APN: 005-230-09

QUITCLAIM DEED

Transfer without consideration to or from a trust NRS 375.090-07  
The undersigned grantor(s) declare(s) that:  
DOCUMENTARY TRANSFER TAX IS \$ -0-

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

AMOS J. HARTE, a single man,  
does hereby REMISE, RELEASE, AND FOREVER QUITCLAIM  
to AMOS J. HARTE, Trustee of the AMOS JOHN HARTE AND DIXIE LEE HARTE FAMILY  
TRUST OF May 27, 1987,  
the real property in the County of Eureka, State of Nevada, described as:

The west half of the southwest quarter of the northeast quarter of Section 27, 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 the power to dedicate.

Dated: 02-23-2015

AMOS J. HARTE

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

)

) SS

COUNTY OF LOS ANGELES

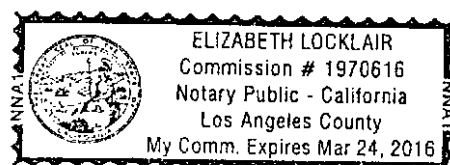
)

On February 23, 2015, before me, Elizabeth Locklair, a Notary Public, personally appeared AMOS J. HARTE, 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



STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-229175

02/26/2015

01:05 PM

Official Record

1. Assessor Parcel Number (s)

- a) 005-230-09  
b)  
c)  
d)

Recording requested By  
BUXBAUM & CHAKMAK

Eureka County - NV  
Sara Simmons - Recorder

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

Page 1 of 1 Fee: \$14.00  
Recorded By: LH RPTT  
Book- 577 Page- 0173

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$  
Transfer Tax Value: \$  
Real Property Transfer Tax Due: \$0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 07  
b. Explain Reason for Exemption: Transfer to a trust without consideration

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 Amos J. Harte Capacity Owner  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Amos J. Harte  
Address: 9606 Hamilton Street  
City: Alta Loma  
State: CA Zip: 91701

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Amos J. Harte  
Address: 9606 Hamilton Street  
City: Alta Loma  
State: CA Zip: 91701

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)