

QUIT CLAIM DEED

APN: 3-103-02

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Mark & Jennifer Sharkozy
 Address: HC 66 Box 15
 City/State/Zip: Crescent Valley, NV 89821

DOC # 0229213

03/20/2015

11:19 AM

Official Record

Recording requested By
MARK SHARKOZY

Eureka County - NV

Sara Simmons - Recorder

Fee: \$43.00

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RPTT:

Recorded By: LH

Book- 577 Page- 0329



0229213

THIS INDENTURE WITNESS That the GRANTOR(S): The Estate of
Betty Koehler for and in consideration of
Ten Dollars (\$ 10.00) do hereby QUIT CLAIM the
 right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of
 which is hereby acknowledged, to the GRANTEE(S): Bruce Koehler and
Mark Koehler whose address
 is (if applicable): 226 Uhlman Crt, situate
 in the City of Santa Barbara County of Santa Barbara State of California
 All that certain property in the County of Eureka, State of Nevada bounded and described as follows:
 (Set forth legal description) Township 30 North, Range 48 East, M.D.B. & M.
 Section 21, Lot 3, Block 15, Crescent Valley Ranch and
 Farm, Unit #4, containing 4.77 acres, more or less.

Together with all and singular hereditament and appurtenances thereunto belonging or in any way
 appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on Nov 5, 2014

Bruce Koehler
 Signature of Grantor

 Signature of Grantor

STATE OF NEVADA)
)
 COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) _____
 By (person(s) appearing before notary public) _____

Notary Public

My Commission expires: _____

(Notary Stamp)

SEE ATTACHED
 NOTARIAL CERTIFICATE

A. Ash 2/18/15

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
County of Santa Barbara

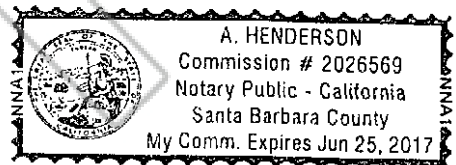
On 2/18/15 before me, A. Henderson, notary public,
(insert name and title of the officer)

personally appeared Bruce Koehler
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  (Seal)



This certificate is attached to a Quit Claim Deed, one page, dated 2/18/15.

See attachments of Will & Santa Barbara County Death Certificates.



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5. TERMINATION OF TRUST. Upon the death of the Trustor, the Trust shall terminate, and the Trust Estate remaining shall go and vest as follows:

A. To PAMELA LICHTANSKI all shares of stock of the Ford Motor Company, Peoples Energy Corporation and Dayton Power and Light Company, and all jewelry, sterling silver (other than flatware) and all china in the Trust with the request that said jewelry, sterling silver and china not be sold but eventually left to AARON LICHTANSKI, the granddaughter of the Trustor.

B. To PAMELA LICHTANSKI, CHRISTOPHER A. KOEHLER, BRUCE R. KOEHLER and MARK B. KOEHLER, all mutual funds in the Trust in equal shares. If CHRISTOPHER A. KOEHLER refuses any shares due to his personal reasons, then his shares shall be divided equally between BRUCE R. KOEHLER and MARK B. KOEHLER.

C. To BRUCE R. KOEHLER and MARK B. KOEHLER, all shares of Occidental Petroleum Corporation, Central Illinois Service Company, Southern Company, the residue of the Prudential-Bache Money Market Account and all the remaining property in the Trust in equal shares.

6. POWERS OF THE TRUSTEES. To carry out the purpose of this Trust, the Trustees are vested with the power to manage, control, sell, borrow, divide, retain, invest and reinvest, to participate in voting trusts, agree to, or consent to, reorganizations, consolidations, mergers, liquidations, divisions or any distribution, allot and distribute the Trust Estate in kind, or partly in kind and partly in money, at valuations determined by the Trustees, and to determine what is principal or



income.

7. COMPENSATION OF TRUSTEES. The Trustees shall be entitled to reasonable compensation for their services as is customarily allowed Trustees.

8. ADDITIONS TO TRUST. With the consent of the Trustee, any person may add property to this Trust by Will or otherwise.

EXECUTED at Santa Barbara, California, the day and year first above written.

Betty Ann Koehler
Betty Ann Koehler

We hereby consent to act as Trustees under the terms and conditions as hereinbefore set forth.

Bruce R. Koehler
Bruce R. Koehler, Trustee

Mark B. Koehler
Mark B. Koehler, Trustee



SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3-97-42-001105

STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 11/99)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEASED—FIRST (GIVEN) ELIZABETH		2. MIDDLE ANN		3. LAST (FAMILY) KOHLER	
4. DATE OF BIRTH: M/M/DD/CCYY 78		5. AGE YRS. 78		6. SEX F	
7. DATE OF DEATH: M/M/DD/CCYY 05/23/1997		8. HOUR 1631			
9. SOCIAL SECURITY NO. CA		10. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. MARITAL STATUS WIDOWED	
12. USUAL EMPLOYER SELF		13. EDUCATION—YEARS COMPLETED 16			
14. RACE WHITE		15. YEARS IN OCCUPATION 56			
16. OCCUPATION HOMEMAKER		17. KIND OF BUSINESS OWN HOME			
18. RESIDENCE—STREET AND NUMBER OR LOCATION 226 UHLAN COURT		19. CITY SANTA BARBARA		20. STATE OR FOREIGN COUNTRY CALIFORNIA	
21. NAME OF DECEASED—RELATIONSHIP CHRISTOPHER A. KOHLER, SON		22. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 6855, SANTA BARBARA, CA 93160			
23. NAME OF SURVIVING SPOUSE—FIRST WYLIE		24. MIDDLE C.		25. LAST NIELSON	
26. NAME OF MOTHER—FIRST MAYBELLE		27. MIDDLE EUEL		28. LAST CA	
29. DATE M/M/DD/CCYY 05/29/1997		30. PLACE OF FINAL DISPOSITION CALVARY CEMETERY, SANTA BARBARA, CA			
31. TYPE OF DISPOSITION BURIAL		32. SIGNATURE OF EMBALMER <i>[Signature]</i>		33. LICENSE NO. 5993	
34. NAME OF FUNERAL DIRECTOR WEICH-RYCE-HAIDER		35. LICENSE NO. FD 303		36. SIGNATURE OF SOCIAL REGISTRAR <i>[Signature]</i>	
37. DATE M/M/DD/CCYY 05/28/1997		38. COUNTY SANTA BARBARA		39. CITY SANTA BARBARA	
40. PLACE OF DEATH SAINT FRANCIS MEDICAL CENTER		41. STREET ADDRESS—STREET AND NUMBER OR LOCATION 601 EAST MICHELTORENA STREET		42. CITY SANTA BARBARA	
43. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIAC ARREST		44. TIME INTERVAL BETWEEN ONSET AND DEATH IMMED		45. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
46. DUE TO: (B) MYOCARDIAL INFARCTION		47. TIME INTERVAL BETWEEN ONSET AND DEATH 30 MINS		48. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
49. DUE TO: (C) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		50. TIME INTERVAL BETWEEN ONSET AND DEATH 10 YRS		51. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. DUE TO: (D) PERIPHERAL VASCULAR DISEASE		53. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (121) IF YES, LIST TYPE OF OPERATION AND DATE. NO					
56. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEASED LAST SEEN ALIVE M/M/DD/CCYY —/—/1996		57. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		58. LICENSE NO. G 19960	
59. DATE M/M/DD/CCYY 05/23/1997		60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP DAVID GILLO, MD., 221 WEST PUEBLO STREET, SANTA BARBARA, CA 93105		61. DATE M/M/DD/CCYY 05/27/1997	
62. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		63. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		64. INJURY DATE M/M/DD/CCYY 05/23/1997	
65. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		66. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) NO		67. HOUR 1631	
68. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) SANTA BARBARA, CA 93105		69. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		70. DATE M/M/DD/CCYY 05/23/1997	
71. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER JOSEPH E. HOLLAND		72. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER JOSEPH E. HOLLAND		73. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER JOSEPH E. HOLLAND	
74. STATE REGISTRAR A		75. FAX AUTH. # 0		76. CENSUS TRACT 0	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

} SS FEB 19 2015

DATE ISSUED

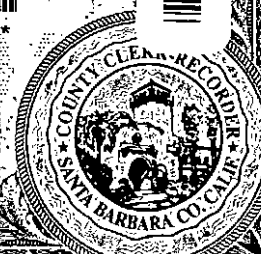
This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR.

JOSEPH E. HOLLAND
COUNTY CLERK, RECORDER and ASSESSOR
SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk, Recorder and Assessor.

PBNCO (Rev) 06/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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STATE OF NEVADA
DECLARATION OF VALUE FORM

DOC # DV-229213

03/26/2015

11:19 AM

Official Record

1. Assessor Parcel Number(s)

a) 003 -103 -02
b) _____
c) _____
d) _____

Recording requested By
MARK SHARKOZY

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
Other _____

Page 1 of 1 Fee: \$43.00
Recorded By: LH RPTT:
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Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$7500.00

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: _____

\$7500.00

Real Property Transfer Tax Due

\$0

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 5

b. Explain Reason for Exemption: A transfer of assignment of property from mother to son; whom is conveyed within first degree of lineal

5. Partial Interest: Percentage being transferred: 100 %

consanguinity or affinity

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 parties agree that 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 Estate of Betty Koehler Capacity seller

Signature Bruce Koehler Capacity buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Estate of Betty Koehler
Address: 226 Whelan Ct
City: Santa Barbara
State: CA Zip: 93103

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Bruce Koehler
Address: 226 Whelan Ct
City: Santa Barbara
State: CA Zip: 93103

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED