

DOC # 0230997

03/14/2016

08:41 AM

Official Record

Recording requested By
ROY FERRIS

Eureka County - NV

Sara Simmons - Recorder

Fee: \$15.00

Page 1 of 2

RPTT: \$3.90

Recorded By: LH

Book- 589 Page- 0125



0230997

APN:003-202-04

Recording requested by and mail documents and tax statements to:

Name: Roy V. Ferris

Address: 1545 Palisade Drive

City/State/Zip: Reno, Nevada 89509

DED119

Nevada Legal Forms & Tax Services, Inc.

www.nevadalegalforms.com

RPTT: _____

SPECIAL WARRANTY DEED

For the consideration of Zero (\$ 0.00) Dollars, and other valuable considerations, the Grantor (Seller), whose name(s) are, Family Wealth Planning Inc. Defined Benefit Pension Plan & Trust, does hereby convey to Grantee (Buyer), whose name is: Roy V. Ferris, a Single Man, the following real property whose address is : 1545 Palisade Drive, Reno, Nevada 89505
(Set forth legal description and commonly known address)

NEVELCO INC.#2, T29N, R48E Sec. 15, Block E, Lots 8 & 9.

SUBJECT TO all taxes, assessments, reservations in patents, all easements, rights of way, encumbrances liens, covenants, conditions, restrictions, obligations and liabilities that may appear of record. And the Grantor hereby binds itself and its successors to warrant and defend the title, as against all acts of the Grantor herein and no other, subject to the matters above set forth.

In Witness Whereof, my hand has been set on 3/1 2016.

Jan F. Wisecup
JAN F. Wisecup

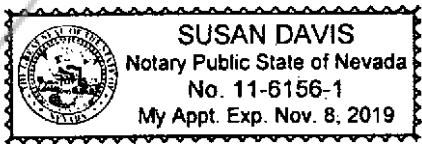
Print Name and Title for Company
for: Family Wealth Planning Inc. Defined Benefit Pension Plan & Trust

Nevada Legal Forms & Tax Services, Inc.
Registrant's Name: Angelica Janet Kleinfeldt
Registrant Certificate No.: NVDP20143419
3901 W. Charleston Blvd., Las Vegas, Nevada 89102
(702) 870-8977

STATE OF NEVADA
COUNTY OF CLARK
On this 1 day of March, 20 16, personally appeared
before me, a Notary Public, JAN F. Wisecup

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Susan Davis
Notary Public
My commission expires: 11/8/19



Consult an attorney if you doubt this forms fitness for your purpose.

STATE OF NEVADA
DECLARATION OF VALUE FORM

DOC # DV-230997

03/14/2016 08:41 AM

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1. Assessor Parcel Number(s)

a) 003-202-04
b) _____
c) _____
d) _____

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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: \$15.00
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Notes:

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ 0.00
Transfer Tax Value: _____
Real Property Transfer Tax Due \$ 589.00
\$ 3.90

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____
b. Explain Reason for Exemption: _____

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 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 Roy V. Ferris Capacity Owner

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Defined Benefit Pension Plan Trust
Address: 3218 Rolling Acres Circle
City: LAS VEGAS
State: NEVADA Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: ROY V. FERRIS
Address: 1545 PAISAVE DRIVE
City: RENO
State: NEVADA Zip: 89509

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

Family Wealth Planning, LLC