

**DOC # 0231676**

07/22/2016

02:08 PM

**Official Record**

Recording requested By  
LAND GEEK ENTERPRISES LLC

**Eureka County - NV**

**Sara Simmons - Recorder**

Fee: \$16.00

Page 1 of 3

RPTT: \$17.55

Recorded By: LH

Book- 592 Page- 0397

**WHEN RECORDED MAIL TO**

Frontier Equity Properties

7047 E Greenway Pkwy Ste 250

Scottsdale, AZ 85254



0231676

**GRANT DEED**

THE GRANTOR(S), MICHAEL P. ROBERTSON AND BETTY J. ROBERTSON, HUSBAND AND WIFE, AS JOINT TENANTS, 191 COUNTY ROAD 2123 EUREKA SPRINGS, AR 72631 for and in consideration of Four Thousand, Two Hundred and Forty Dollars (\$4240 ) grants, bargains, sells, conveys and warranties to the GRANTEE(S):

Frontier Equity Properties, LLC an Arizona Limited Liability Company with a mailing address of 7047 E Greenway Pkwy Ste 250, Scottsdale, AZ 85254, the following described real estate situated in the County of EUREKA, State of Nevada:

Parcel ID	Recorder: Legal Description
005-010-37	T31N,R48E SEC. 15 E2NE4

**SUBJECT TO:** Current taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same; and the Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

Page 2 - Pertaining to the sale of

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_  
MICHAEL P. ROBERTSON (DECEASED)  
191 COUNTY ROAD 2123 EUREKA SPRINGS,  
AR 72631

Dated: 7/1/16

Signature: Betty J. Robertson  
BETTY J. ROBERTSON  
191 COUNTY ROAD 2123 EUREKA SPRINGS,  
AR 72631

**Acknowledgment of Individual**

STATE OF AR  
COUNTY OF Carroll

The foregoing instrument was acknowledged before me this 7/1/16 (date), by  
~~MICHAEL P. ROBERTSON~~ AND BETTY J. ROBERTSON, HUSBAND AND WIFE, AS JOINT TENANTS  
(name), who is personally known to me or who has produced AR 930038207  
(type of identification) as identification.

Melody Clark

**Notary Public**

Printed Name: Melody Clark  
My Commission Expires: 9/27/2025  
Commission # 12695502



# STATE OF ARKANSAS

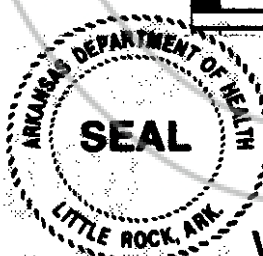
TYPE / PRINT IN  
PERMANENT  
BLACK INK.  
SEE  
INSTRUCTIONS

## ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) <b>Michael Paul Robertson</b>		2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo/Day/Yr) <b>May 18, 2010</b>	3b. TIME OF DEATH <b>10:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
4. SOCIAL SECURITY NO.	5a. AGE—Last Birthday (Years) <b>63</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo/Day/Yr) <b>November 17, 1946</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Bismarck, North Dakota</b>		8a. RESIDENCE STATE OR FOREIGN COUNTRY <b>Arkansas</b>		
8b. COUNTY <b>Carroll</b>		8c. CITY OR TOWN <b>Eureka Springs</b>		
8d. NUMBER AND STREET <b>191 CR 2123</b>		8e. APT. NO.	8f. ZIP CODE <b>72631</b>	8g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (if w/d, give name prior to first marriage.) <b>Betty J. Reece</b>	
12a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room / Outpatient <input type="checkbox"/> Dead on Arrival		12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Other (Specify) _____		12c. COUNTY OF DEATH <b>Washington</b>
12d. FACILITY NAME (if not institution, give number & street) <b>Washington Regional Medical Center</b>		12e. CITY OR TOWN <b>Fayetteville</b>		12f. ZIP CODE <b>72703</b>
13. FATHER'S NAME (First, Middle, Last) <b>Burton Robertson</b>		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Betty Jane Berney</b>		
15a. INFORMANT'S NAME <b>Betty Robertson</b>		15b. RELATIONSHIP TO DECEDENT <b>Wife</b>		15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) <b>191 CR 2123, Eureka Springs, AR. 72631</b>
16a. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____				
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Ozark Crematory, LLC.</b>		16c. LOCATION—CITY, TOWN, AND STATE <b>Gentry, Arkansas</b>		
17a. EMBALMER'S NAME <input checked="" type="checkbox"/> Not Embalmed		17b. EMBALMER'S LICENSE #	17c. SIGNATURE (GENERAL SERVICE LICENSE OR OTHER LICENSE) <i>[Signature]</i>	
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Nelson Funeral Service, Inc., P.O. Box 311, Berryville, AR, 72616</b>				17e. LICENSE # <b>01</b>
18a. DATE PRONOUNCED DEAD (Mo/Day/Yr) <b>May 18, 2010</b>	18b. TIME PRONOUNCED DEAD <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <b>10:30</b>	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) <b>Jeffrey Kellar, M.D.</b>		18d. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. <b>CAUSE OF DEATH</b>				APPROXIMATE INTERVAL: Onset to Death <b>18 hrs</b>
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Sepsis</b>				
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting to death) LAST. <b>Perforated Duodenal Ulcer</b>				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
21a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				
23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		24. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input checked="" type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1-year before death		
23a. DATE OF INJURY (Mo/Day/Yr)	23b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	23c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		23d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)				
23f. DESCRIBE HOW INJURY OCCURRED				23g. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____
26a. CERTIFIER (Check only one): <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Practitioner's Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Nonphysician Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.				
SIGNATURE <i>[Signature]</i>		TITLE <b>M.D.</b>		DATE <b>21 MAY 2010</b> (Mo/Day/Yr)
28b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) <b>Jeffrey Kellar, 307 Bob Younger Dr Fayetteville AR 72703</b>				28c. LICENSE # <b>E-5876</b>
27a. SIGNATURE OF REGISTRAR <i>[Signature]</i>				27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr) <b>MAY 24 2010</b>

To Be Completed / Verified by FUNERAL DIRECTOR

To Be Completed / Verified by MEDICAL CERTIFIER



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE. ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH

**MAY 24 2010**

*Mischelle Priebe*  
Mischelle Priebe  
State Registrar

**WARNING:** A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

**2453124**

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**State of Nevada  
Declaration of Value**

**DOC # DV-231676**

07/22/2016 02:08 PM

**Official Record**

Recording requested by  
LAND GEEK ENTERPRISES LLC

**Eureka County - NV  
Sara Simmons - Recorder**

Page 1 of 1 Fee: \$16.00  
Recorded By: LH RPTT: \$17.55  
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1. **Assessor Parcel Number(s)**  
a) 005-010-37 \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

2. **Type of Property:**  
a)  Vacant Land    b)  Single Fam. Res.  
c)  Condo/Twnhse    d)  2-4 Plex  
e)  Apt. Bldg.    f)  Comm'/Ind'l  
g)  Agricultural    h)  Mobile Home  
i)  Other \_\_\_\_\_

3. **Total Value/Sales Price of Property:** \$ 4,240.00 \_\_\_\_\_  
Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value per NRS 375.010, Section 2: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 15.60 17.55 \_\_\_\_\_

4. **If Exemption Claimed:**  
a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_  
b. Explain Reason for Exemption: \_\_\_\_\_

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 \_\_\_\_\_ Capacity Managers Member

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Michael P Robertson & Betty J Robertson  
Address: 191 County Road 2123  
City: Eureka Springs  
State: AR Zip: 72631

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Frontier Equity Properties, LLC  
Address: 9393 N 90th St. Ste# 102-524  
City: Scottsdale  
State: AZ Zip: 72631

**COMPANY REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

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