

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**

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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.

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



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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)
Michael Paul Robertson

2. SEX
Male

3a. DATE OF DEATH (Mo/Day/Yr)
May 18, 2010

3b. TIME OF DEATH
10:30 ☒ AM ☐ PM

4. SOCIAL SECURITY NO.
63

5a. AGE - Last Birthday (Years)
63

5b. UNDER 1 YEAR
Months: Days: Hours: Minutes:

5c. UNDER 1 DAY
Hours: Minutes:

6. DATE OF BIRTH (Mo/Day/Yr)
November 17, 1946

7. BIRTHPLACE (City and State or Foreign Country)
Bismarck, North Dakota

8a. RESIDENCE STATE OR FOREIGN COUNTRY
Arkansas

8b. COUNTY
Carroll

8c. CITY OR TOWN
Eureka Springs

8d. NUMBER AND STREET
191 CR 2123

8e. APT. NO.
72631

8f. ZIP CODE
72631

8g. INSIDE CITY LIMITS?
☐ Yes ☒ No

9. EVER IN U.S. ARMED FORCES?
☒ Yes ☐ No

10. MARITAL STATUS AT TIME OF DEATH
☒ Married ☐ Widowed ☐ Never Married
☐ Married, but Separated ☐ Divorced ☐ Unknown

11. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)
Betty J. Reece

12a. IF DEATH OCCURRED IN A HOSPITAL
☒ Inpatient ☐ Emergency Room / Outpatient ☐ Dead on Arrival

12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ Decedent's Home ☐ Hospice Facility ☐ Nursing Home / Long Term Care Facility ☐ Other (Specify):

12c. COUNTY OF DEATH
Washington

12d. FACILITY NAME (if not institution, give number & street)
Washington Regional Medical Center

12e. CITY OR TOWN
Fayetteville

12f. ZIP CODE
72703

13. FATHER'S NAME (First, Middle, Last)
Burton Robertson

14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Betty Jane Berney

15a. INFORMANT'S NAME
Betty Robertson

15b. RELATIONSHIP TO DECEDENT
Wife

15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code)
191 CR 2123, Eureka Springs, AR. 72631

16a. METHOD OF DISPOSITION
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify):

16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)
Ozark Crematory, LLC.

16c. LOCATION - CITY, TOWN, AND STATE
Gentry, Arkansas

17a. EMBALMER'S NAME
☒ Not Embalmed

17b. EMBALMER'S LICENSE #
17c. SIGNATURE (FURNERAL SERVICE LICENSE OR OTHER AGENT)

17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
Nelson Funeral Service, Inc., P.O. Box 311, Berryville, AR, 72616

17e. LICENSE #
01

18a. DATE PRONOUNCED DEAD (Mo/Day/Yr)
May 18, 2010

18b. TIME PRONOUNCED DEAD
10:30 ☒ AM ☐ PM

18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE)
Jeffrey Kellar, M.D.

18d. WAS MEDICAL EXAMINER OR CORONER CONTACTED?
☒ Yes ☐ 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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

CAUSE OF DEATH

IMMEDIATE CAUSE
(Final disease or condition resulting in death)
Sepsis

INTERMEDIATE CAUSE
(If any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.)
Perforated Duodenal Ulcer

APPROXIMATE INTERVAL: Onset to Death
18 hrs

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?
☐ Yes ☒ No

21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No

22. MANNER OF DEATH
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

23. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably ☒ No ☐ Unknown

24. IF FEMALE
☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within last year
☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1-year before death

25a. DATE OF INJURY (Mo/Day/Yr)
25b. TIME OF INJURY ☐ AM ☐ PM

25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
25d. INJURY AT WORK? ☐ Yes ☒ No

25e. LOCATION OF INJURY (Number, Street, Apartment No., City, State, Zip Code)
25f. DESCRIBE HOW INJURY OCCURRED

25g. IF TRANSPORTATION INJURY, SPECIFY:
☐ Driver / Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify):

26a. CERTIFIER (Check only one):
☒ Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Physician'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.
☐ 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.
☐ 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.
☐ Nonphysician Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

SIGNATURE
Jeffrey Kellar
TITLE
M.D.
DATE
21 MAY 2010 (Mo/Day/Yr)

26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print)
Jeffrey Kellar, 307 Bob Younger Dr, Fayetteville AR 72703

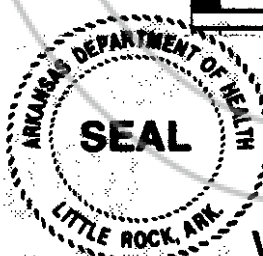
26c. LICENSE #
E-5076

27a. SIGNATURE OF REGISTRAR
Michelle Priebe
27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr)
May 24 2010

To Be Completed / Verified by FUNERAL DIRECTOR

NAME OF DECEDENT
For use by funeral or death certificate

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

Michelle Priebe
Michelle 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.

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VR-112

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**State of Nevada
Declaration of Value**

DOC # DV-231676

07/22/2016

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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'l/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 Manager 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: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)