

RECORDING REQUESTED BY
Howard R. Hawkins, Attorney at Law

AND WHEN RECORDED MAIL THIS DEED AND,
UNLESS OTHERWISE SHOWN BELOW, MAIL TAX
STATEMENT TO:

Name: Delma L. Gonzalez
Address: 3625 N. Bender Avenue
City & State: Covina CA
Zip: 91724

Title Order No. Escrow No.

DOC # 0232286

12/14/2016 02:31 PM

Official Record

Recording requested By
HOWARD HAWKINS

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$39.00 Page 1 of 1
RPTT: Recorded By: CH
Book- 598 Page- 0004



0232286

SPACE ABOVE THIS LINE FOR RECORDER'S USE
QUITCLAIM DEED NRS 375.090 (7) A transfer of

THE UNDERSIGNED GRANTOR(s) DECLARE(s) title from a trust without consideration.

DOCUMENTARY TRANSFER TAX IS \$ 0

unincorporated area City of

Parcel No. 005-010-46

computed on full value of property conveyed, or

computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

DELMA L. GONZALEZ, Trustee of the Helen D. McClay Trust of 2012,

hereby REMISE, RELEASE AND FOREVER QUITCLAIM to
DELMA L. GONZALEZ, a married woman, as her sole and separate property,

the following described real property in the city of
county of Eureka, state of California NEVADA
The SE 1/4 of the NW 1/4 of Section 13, T 31 N, R 48 E., M.D.B.M. as per Government Survey.

Dated December 6, 2016

DELMA L. GONZALEZ, Trustee of the Helen D. McClay Trust of 2012

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 LOS ANGELES)
On December 6, 2016 before me,

Rebecca Gomez, notary public.
(HERE INSERT NAME AND TITLE OF THE OFFICER)

personally appeared DELMA L. GONZALEZ

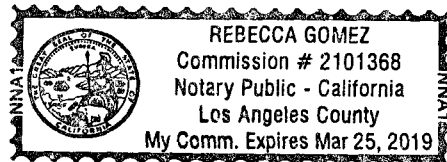
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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)



MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE
AS SHOWN ABOVE

NAME

STREET ADDRESS

CITY & STATE

STATE OF NEVADA
DECLARATION OF VALUE FORM

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1. Assessor Parcel Number(s)

- a) 005-010-46
- 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
- Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

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

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 7

b. Explain Reason for Exemption: Transfer from a trust from parent to child 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 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 Delma L. Gonzalez Capacity Trustee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Helen D. McClay Trust
Address: 2500 Damien, Apt 107
City: La Verne
State: CA Zip: 91750

Print Name: Delma L. Gonzalez
Address: 3625 N. Bender Avenue
City: Covina
State: CA Zip: 91724

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

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