

QUIT CLAIM DEED

APN: 003-012-03

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: GORDON + JOAN OSTER
Address: 4025 N. Columbine St.
City/State/Zip: BOISE, ID. 83713



0232978

THIS INDENTURE WITNESS That the GRANTOR(S): Shane Elaine Riggs Trustee
of the Sally Yerby Trust for and in consideration of
TWENTY Dollars (\$ 20.00) 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): GORDON + JOAN OSTER whose
address is (if applicable): 4025 N. COLUMBINE ST, situate in the
City of Boise, County of ADA, State of IDAHO. All

that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description) LOT 2 OF BLOCK 3 OF CRESCENT VALLEY
RANCH & FARMS.

File # 34551

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 _____.

Shane Elaine Riggs Trustee
Signature of Grantor of the Sally Yerby Family Trust 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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

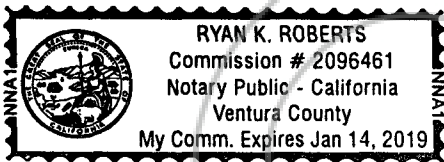
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Ventura)
On May 3 2017 before me, Ryan K. Roberts
Date Here Insert Name and Title of the Officer
personally appeared Diane Elaine Diggs
Name(s) of Signer(s)

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 [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quit Claim
Document Date: N/A Number of Pages: 2
Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____
 Corporate Officer -- Title(s): _____ Corporate Officer -- Title(s): _____
 Partner -- Limited General Partner -- Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian or Conservator Trustee Guardian or Conservator
 Other: _____ Other: _____
Signer Is Representing: _____ Signer Is Representing: _____



STATE OF NEVADA
DECLARATION OF VALUE FORM

Recording requested By
GORDON OSTER

Eureka County - NV
Lisa Hoehne - Recorder

Page 1 of 1 Fee: \$15.00
Recorded By: CH RPTT:
Book- 601 Page- 0134

- 1. Assessor Parcel Number(s)
 - a) 003-012-03
 - 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 OFFICE USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: _____

- 3. Total Value/Sales Price of Property \$ 20.00
- 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: _____

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 Gordon & Joan Oster Capacity Buyer
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: DIANE DIGGS
 Address: 30506 PORTSIDE PL.
 City: AFORCA HILLS
 State: CA Zip: 91301

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: GORDON & JOAN OSTER
 Address: 4025 N. COLUMBINE ST.
 City: BOISE
 State: ID. Zip: 83713

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____