

Recording Requested By
KATHLEEN A. BREWINGTON
And When Recorded Mail To
KATHLEEN A. BREWINGTON
133 Mission Street, Suite 280
Santa Cruz, CA 95060
Mail Tax Statements To:
Mr. Thomas D. Sullivan
P. O. Box 5265
Santa Cruz, CA 95063

EUREKA COUNTY, NV 2017-234104
Rec \$35.00
Total \$35.00 11/13/2017 01:24 PM
KATHLEEN BREWINGTON Pgs=3



LISA HOEHNE, RECORDER

E07

Recorder's Use

WARRANTY DEED

THIS DEED, Made on this 9th day of November, 2017, between:

GRANTOR: THOMAS D. SULLIVAN, whose legal address is Post Office Box 5265, Santa Cruz, CA 95063, in the County of Santa Cruz, State of California, for consideration paid, grants to

GRANTEE: THOMAS D. SULLIVAN, as Trustee of the THOMAS D. SULLIVAN TRUST, dated November 9th, 2017,

the receipt and sufficiency of which is hereby acknowledged, has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell convey and confirm unto the Grantee, her heirs and assigns forever, all the real property, together with improvements, if any, situate, lying and being in the County of Eureka, State of Nevada, described as follows:

NE 1/4 NE 1/4 SW 1/4 of SEC 11
TOWNSHIP 29 N RANGE 48E
10 ACRES

APN: 005-430-04

IN WITNESS WHEREOF the Grantor has executed this Deed on the date set forth.


THOMAS D. SULLIVAN,
Grantor/Transferor

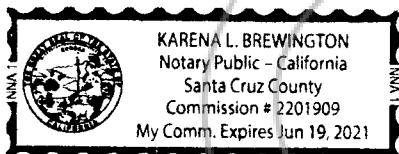
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document which this certificate is attached, and not the truthfulness, accuracy, or validity of this document.

State of California)
)
County of Santa Cruz)

On November 9th, 2017, before me, Karena L. Brewington, Notary Public, personally appeared THOMAS D. SULLIVAN 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, and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person 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.





Notary Public

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 005-430-04
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

\$ 2157.00

Deed in Lieu of Foreclosure Only (value of property)

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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 to a revocable Trust

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 Thomas D. Sullivan Capacity TRUSTEE

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

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

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Thomas D. Sullivan
Address: P.O. Box 5265
City: Santa Cruz
State: CA Zip: 95063

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