

RECORDING REQUESTED BY:
BUXBAUM & CHAKMAK

AND WHEN RECORDED MAIL
DOCUMENT & TAX STATEMENT TO:

Terry Wayne Harte
24000 Steelhead Drive
Corona, CA 92883

APN: 005-230-09

EUREKA COUNTY, NV

Rec:\$35.00

Total:\$35.00

BUXBAUM & CHAKMAK

2018-235550

07/12/2018 02:29 PM

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LISA HOEHNE, RECORDER

AFFIDAVIT—DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) SS.
COUNTY OF LOS ANGELES)

TERRY WAYNE HARTE, as successor Trustee, being first duly sworn, deposes and says:

Name of Trust: Harte B Tax Credit Trust, UTD, dated May 27 1987
Date of Original Trust: May 27, 1987
Name of former Trustee: Amos J. Harte
Name of Successor Trustee: Terry Wayne Harte

That AMOS JOHN HARTE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as AMOS J. HARTE named as the Trustee of the Harte B Tax Credit Trust, UTD, dated May 27, 1987, in that certain Quitclaim Deed dated February 23, 2015, and executed by AMOS J. HARTE, as Trustee of the Harte B Tax Credit Trust, UTD to AMOS J. HARTE, a single man, recorded as Instrument No. 0229174 on February 26, 2015, in the Official Records of the Office of the County Recorder of Eureka County, State of Nevada, concerning the following described real property situated in the County of Eureka, State of Nevada, and legally described as follows:

The west half of the southwest quarter of the northeast quarter of Section 27, Township 30 North, Range 48 East, M.D.B. & M. as per Government Survey.

RESERVING THEREFROM an easement of 30 feet along all boundaries for ingress and egress with the power to dedicate.

That I, TERRY WAYNE HARTE, have been appointed as successor Trustee, that I hereby consent to act as successor Trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust; and that this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the property identified in this document.

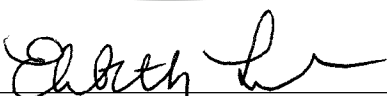
Dated: 6/21/18

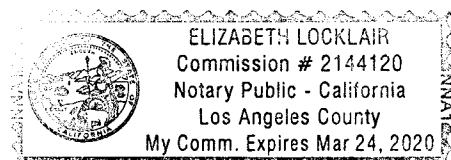

TERRY WAYNE HARTE, successor Trustee

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)
) SS.
COUNTY OF LOS ANGELES)

SUBSCRIBED AND SWORN to (or affirmed) before me on this 21st day of June 2018, by TERRY WAYNE HARTE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature  (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3201836002956

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
AMOS		HARTE	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
JOHN		09/11/1928	
5. AGE Yrs.		6. SEX	
91		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
03/08/2018		0110	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IL		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SHIP (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
BACHELOR		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
CAUCASIAN		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
DESIGN ENGINEER		PETRO CHEMICAL	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
38		9606 HAMILTON STREET	
21. CITY		22. COUNTY/PROVINCE	
ALTA LOMA		SAN BERNARDINO	
23. ZIP CODE		24. YEARS IN COUNTY	
91701		89	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CALIFORNIA		TERRY W. HARTE, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SPROP - FIRST	
24000 STEELHEAD DRIVE, CORONA, CA 92883		-	
29. MIDDLE		30. LAST (BIRTH NAME)	
-		-	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
ARTHUR		JOHN	
33. NAME OF MOTHER/PARENT - FIRST		34. LAST	
LEAH		HARTE	
35. MIDDLE		36. BIRTH STATE	
MARIA		IL	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
SHERIDAN		IL	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
03/14/2018		FOREST LAWN MEMORIAL PARK	
41. TYPE OF DISPOSITION(s)		42. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		SO. CALIFORNIA FUNERAL DIRECTORS	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 2094		MAXWELL OHIKHUARE, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy	
03/13/2018		03/13/2018	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RANCHO MESA CARE CENTER		<input type="checkbox"/> IP <input type="checkbox"/> FCVP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
SAN BERNARDINO		9333 LA MESA DRIVE	
105. CITY		106. DEATH REPORTED TO CORONER?	
ALTA LOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IN ALZHEIMER'S DEMENTIA		109. BIOPSY PERFORMED?	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		115. SIGNATURE AND TITLE OF CERTIFIER	
NO		JEAN-CLAUDE HAGE M.D.	
116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NUMBER	
JEAN-CLAUDE HAGE M.D.		G77308	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
JEAN-CLAUDE HAGE M.D.		02/23/2018	
399 E HIGHLAND AVE STE 222, SAN BERNARDINO, CA 92404		120. INJURED AT WORK?	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
02/23/2018		-	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
-		-	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
-		-	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

MAR 21 2018

Maxwell Ohikhuare
MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

002632440

This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.

PRNCO (Rev) 8/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 005-230-09
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 RECORDERS OPTIONAL USE ONLY

Document/Instrument #: _____
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

\$ _____
(_____)
\$ _____ **0**
\$ 2891.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section _____ 10
b. Explain Reason for Exe _____ distrubution of trust without consideration

5. Partial Interest: Percentage being transferred: 100.00 %

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 _____ Capacity buyer
Signature _____ Capacity seller

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Terry Wayne Harte
Address: 24000 Steelhead Drive
City: Corona
State: CA

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Terry Wayne Harte
Address: 24000 Steelhead Drive
City: Corona
State: CA Zip: 92883

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

Print Name: Buxbaum & Chakmak Escrow # _____
Address: 414 Yale Ave
City: Claremont, CA 92883

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