

APN: 005-690-12

R.P.T.T.: \$0.00

Exempt: (NRS 375.090, Section 7)

This Document Prepared By:

Union Retirement Solutions
9220 W. Union Hills Dr. Suite 102
Peoria, AZ 85382

**After Recording, Return and
Mail Tax Statements To:**

Robert E. Chambers and Mina F. Chambers, as co-Trustees
P.O. Box 1114
Rio Vista, CA 94571

Send Subsequent Tax Bills To:

Robert E. Chambers and Mina F. Chambers, as co-Trustees
P.O. Box 1114
Rio Vista, CA 94571

EUREKA COUNTY, NV

RPTT:\$0.00 Rec:\$35.00

\$35.00 Pgs=2

UNION ESTATE PLANNING

LISA HOEHNE, RECORDER

2018-235921

09/12/2018 10:55 AM

E07

QUITCLAIM DEED

THIS INDENTURE WITNESSETH THAT,

ROBERT E. CHAMBERS and MINA F. CHAMBERS, husband and wife,

FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, do hereby CONVEY AND QUITCLAIM to:

ROBERT E. CHAMBERS and MINA F. CHAMBERS, as co-Trustees of THE CHAMBERS REVOCABLE LIVING TRUST, U/A dated September 3, 2002, the GRANTEE,

Whose mailing address is P.O. Box 1114, Rio Vista, CA 94571;

All of the following described real estate situated in the County of Eureka, State of Nevada:

NW 1/4 of SW 1/4 Section 5, Township 30 N, Range 50 E, Eureka, Nevada

Per NRS 111.312 – The Legal Description appeared previously in Corporation Grant Deed, recorded on July 18, 1983, as Document No. 88192 in Eureka County Records, Eureka County, Nevada.

SUBJECT TO: the Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements that are now of record, if any.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

The then-acting Trustee has the power and authority to encumber or otherwise to manage and dispose of the hereinabove described real property; including, but not limited to, the power to convey.

Dated this 6 day of Sept., 2018.


ROBERT E. CHAMBERS


MINA F. CHAMBERS

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 Solano

On Sept 6th, 2018, before me, J.A. Skidmore, a Notary Public, personally appeared ROBERT E. CHAMBERS and MINA F. CHAMBERS, 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.



A large, stylized handwritten signature in black ink, which appears to be "J.A. Skidmore".

Notary Public Signature

The undersigned hereby affirm that this document submitted for recording does not contain a social security number.

A handwritten signature in black ink that reads "Robert E. Chambers".
ROBERT E. CHAMBERS

A handwritten signature in black ink that reads "Mina F. Chambers".
MINA F. CHAMBERS

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s):
 a. 005-690-12
 b. _____
 c. _____
 d. _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: _____

2. Type of Property:
 a. Vacant Land b. Single Fam. Res.
 c. Condo/Townhouse d. 2-4 Plex
 e. Apt. Bldg f. Comm'l/Ind'l
 g. Agricultural h. Mobile Home
 Other: _____

3. a. Total Value /Sales Price of Property:	\$	<u>0.00</u>
b. Deed in Lieu of Foreclosure Only (value of property)	(<u>0.00</u>)
c. Transfer Tax Value:	\$	<u>0.00</u>
d. Real Property Transfer Tax Due:	\$	<u>0.00</u>

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 7
 b. Explain Reason for Exemption: Transfer to a revocable, inter-vivos trust for the benefit of the Grantor, without consideration.
- 5 Partial Interest: Percentage being transferred: _____ %

The undersigned declare and acknowledge, 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: Robert E. Chambers 2. Mina F. Chambers Capacity: Grantor
 Signature: Robert E. Chambers 2. Mina F. Chambers Capacity: Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Robert E. Chambers and Mina F. Chambers
 Address: P.O. Box 1114
 City: Rio Vista
 State: CA Zip: 94571

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Robert E. Chambers and Mina F. Chambers, co-trustees of The Chambers Revocable Living Trust
 Address: Same as Grantor
 City: Same as Grantor
 State: Same as Grantor Zip: Same as Grantor

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
(AS A PUBLIC RECORD, THIS FORM MAY BE RECORDED/MICROFILMED)

UNION RETIREMENT SOLUTIONS
 9220 W. Union Hills Drive, Suite 102
 Peoria, AZ 85382