

APN: 005-410-05

When Recorded, Mail to:

Douglas S. Hadnot
P.O. Box 278
Lolo, MT 59847

Mail Tax Statements to:

Douglas S. Hadnot and Susan K. Hadnot
P.O. Box 278
Lolo, Montana 59847

EUREKA COUNTY, NV

2018-236066

Rec:\$35.00

09/13/2018 02:13 PM

Total:\$35.00

DOUGLAS S HADNOT

Pgs=3



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LISA HOEHNE, RECORDER

E07

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That **Douglas S. Hadnot and Susan K. Hadnot, as Joint Tenants with Right of Survivorship**, for good and other valuable consideration, do hereby Grant, Bargain, Sell and Convey to **DOUGLAS STANLEY HADNOT and SUSAN KAY HADNOT, Trustees of the HADNOT FAMILY TRUST**, dated **April 24, 2018**, all of their right, title and **UNDIVIDED 50% INTEREST** in that real property situated in the County of EUREKA, State of NEVADA, bounded and described as follows:

NE ¼ OF SECTION 21, TOWNSHIP 29 NORTH, RANGE 48 East, M.D.B.&M.

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom lying in and under said land, as reserved by ~~Southern Pacific Land Company, in deed recorded in Book 24, Page 168, Deed Records, Eureka County Nevada.~~

SUBJECT TO:

1. Taxes for the current fiscal year.
2. Conditions, covenants, restrictions, reservations, rights, rights of way and easements now of record, if any.

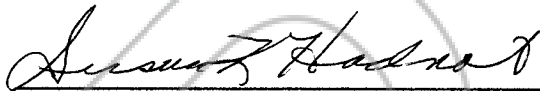
TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

GRANTEE'S ADDRESS: P.O. Box 278
Lolo, Montana 59847

Witness their hands this 10th day of September, 2018.



DOUGLAS S. HADNOT



SUSAN K. HADNOT

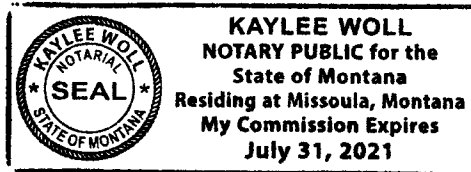
STATE OF MONTANA)
) ss.
COUNTY OF MISSOULA)

On this 10th day of September, 2018, before me the undersigned, a Notary Public in and for the said County of Missoula, State of Montana, personally appeared DOUGLAS K. HADNOT and SUSAN K. HADNOT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.



NOTARY PUBLIC



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 005-410-05
 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 \$ NO Consideration
 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 to a Family TRUST
Without consideration

5. Partial Interest: Percentage being transferred: 100% OF my 50% undivided ownership
 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 Douglas Hadnot Capacity Trustee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Doreen S and Susan K Hadnot
 Address: PO BOX 278
 City: Lolo
 State: MT Zip: 59847

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: HADNOT FAMILY TRUST
 Address: PO BOX 278
 City: Lolo
 State: MT Zip: 59847

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

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