

APN: 005-480-14

Exempt: NRS 375.090 (10)

**Recording Requested By
and Return to:**

Goicoechea, DiGrazia,
Coyle & Stanton, Ltd.
530 Idaho Street
Elko, NV 89801

EUREKA COUNTY, NV

RPTT:\$0.00 Rec:\$35.00

\$35.00 Pgs=5

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.

LISA HOEHNE, RECORDER

2018-236262

10/19/2018 09:29 AM

E10

**Grantee's Address/
Send Tax Statement to:**

5812 Daneland Street
Lakewood, CA 90713

The undersigned affirms that
this document does not contain
a social security number.

DEED UPON DEATH

Pursuant to NRS Chapter 111.695

I, TIMOTHY DAVID MATHESON, aka TIMOTHY D. MATHESON, aka TIMOTHY MATHESON, an unmarried man, GRANTOR, hereby convey to MELISSA ANN MATHESON and EMILY ELIZABETH MATHESON, as joint tenants with right of survivorship, GRANTEES, effective on my death, all right, title, and interest in the real property located in the County of Eureka, State of Nevada, and more particularly described as:

See Exhibit "A" attached hereto and incorporated herein by reference.

TOGETHER WITH any and all improvements thereon.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging, or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT TO Taxes for the fiscal year, reservations, restrictions, conditions, rights, rights of way and easements, if any of record on said premises.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said Grantee, its successor Trustees and assigns, forever.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR
RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Timothy David Matheson
TIMOTHY DAVID MATHESON

On this _____ day of _____, 2018, before me, a Notary Public, personally appeared TIMOTHY DAVID MATHESON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument and acknowledged that they executed the foregoing instrument.

Send Tax Bill to:
372 Mountain City Hwy, #10
Elko, NV 89801

**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT
(CALIFORNIA 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 Los Angeles)

On 10/11/2018 before me, C.V. Paras, Notary Public
(Date) (Here Insert Name and Title of the Officer)

personally appeared Timothy David Matheson,
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 of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Deed Upon Death Document Date: 10-11-18

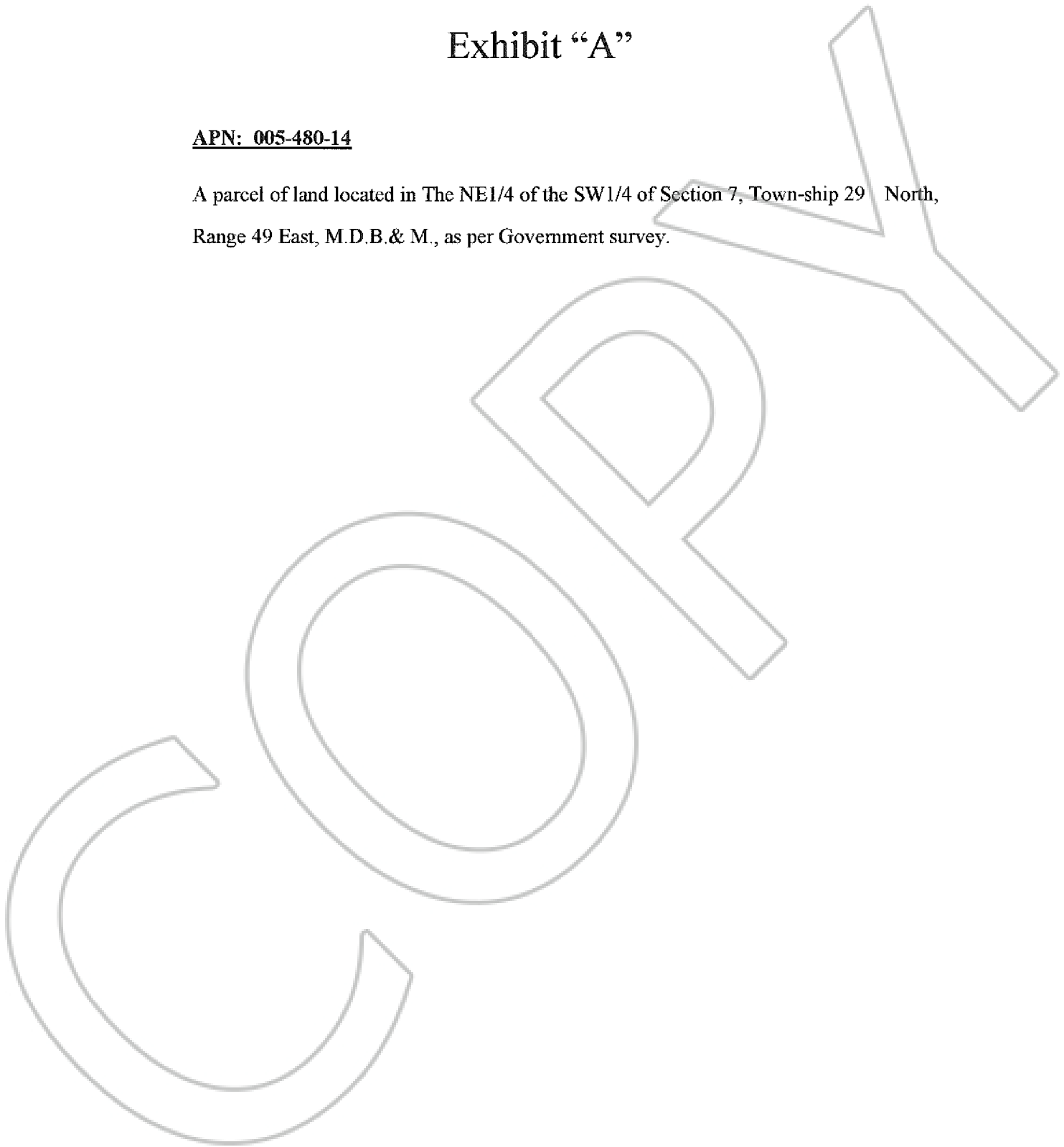
Number of Pages: 3 Signer(s) Other Than Named Above: _____

Additional Information: _____

Exhibit “A”

APN: 005-480-14

A parcel of land located in The NE1/4 of the SW1/4 of Section 7, Town-ship 29 North,
Range 49 East, M.D.B. & M., as per Government survey.



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 005-480-14
b) _____
c) _____
d) _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

FOR RECORDERS OPTIONAL USE ONLY

Notes: _____

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 0.00
Transfer Tax Value: \$ 0.00
Real Property Transfer Tax Due: \$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 10
b. Explain Reason for Exemption: Deed Effective Upon Death of Grantor.

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 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 *William A. Rosendahl* Capacity Secretary of Attorney
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Timothy David Matheson
Address: 5812 Daneland Street
City: Lakewood
State: CA Zip: 90713

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Melissa Ann Matheson & Emily Elizabeth Matheson
Address: 5812 Daneland Street
City: Lakewood
State: CA Zip: 90713

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Goicoechea, Di Grazia, Coyle & Stanton, Ltd. Escrow # _____
Address: 530 Idaho Street
City: Elko State: NV Zip: 89801

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)