

EUREKA COUNTY, NV
RPTT:\$5.85 Rec:\$35.00
Total:\$40.85
JOHN H REED

2019-238225
02/25/2019 01:14 PM
Pgs=5



LISA HOEHNE, CLERK RECORDER

Recording Requested By:
John H. Reed

When recorded mail to:
Equity Acres LLC
PO Box 215501
Sacramento, California 95821

APN: 003-094-03

Prior Instrument Number: 110356

Grant Deed

For good and valuable consideration of Ten Dollars (\$10.00), the receipt and sufficiency of which is hereby acknowledged, I, John H. Reed (GRANTOR), do hereby convey to Equity Acres LLC (GRANTEE), a Limited Liability Company, the following described real property situated in United States, Eureka County, Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

SUBJECT TO: Existing taxes, assessments, covenants, conditions, restrictions, rights of way and easements of record.

And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the matters above setforth.

Signature Page to Follow

DATED: 02.05.2019

BY: John H. Reed
John H. Reed

STATE OF Nevada)
COUNTY OF ELKO) ss.
)

On February 05, 2019, before me, the undersigned Notary Public, personally appeared John H. Reed, personally known to me (or 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.

WITNESS my hand and official seal.

My Commission Expires: 12-15-2019

S. Gonzalez
Notary Public



EXHIBIT "A"

**Lots 6 and 7 of Block 7 of Crescent Valley Ranch & Farms Unit No. 4,
as per map recorded in said County as File No. 34552.**



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2015019155
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Jane Ann REED				2. DATE OF DEATH (Mo/Day/Year) October 27, 2015		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and city) Northeastern Nevada Regional Hospital		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A.) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER 072		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		8. DATE OF BIRTH (Mo/Day/Yr) May 27, 1941	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN OR LOCATION Spring Creek		15d. STREET AND NUMBER 891 Hilltop Drive	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Horace KINER				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maxine LOFTON			
18a. INFORMANT - NAME (Type or Print) John H REED				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Western Hills Unit 3, Box 449 Spring Creek, Nevada 89815			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 889 Elko NV 89803			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TIMOTHY HENDRICKSON DO							
21b. DATE SIGNED (Mo/Day/Yr) October 28, 2015		21c. HOUR OF DEATH 11:02		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TIMOTHY HENDRICKSON DO 2001 Erccart Blvd Elko, NV 89801						23b. LICENSE NUMBER 1920	
24a. REGISTRAR (Signature) VERALYNN A BOYACK				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (d)						Interval between onset and death Days	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology						26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY -At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

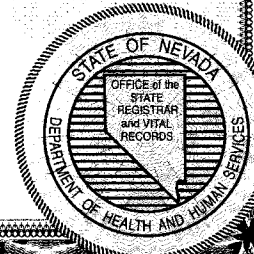
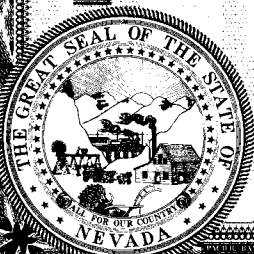
11/19/2015

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a. 003-094-03
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. a. Total Value/Sales Price of Property

\$ 1500

b. Deed in Lieu of Foreclosure Only (value of property)

()

c. Transfer Tax Vaule

\$ 5.85

d. Real Property Transfer Tax Due

\$

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being Transferred: _____ %

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 the 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: John H. Reed

Capacity: Seller

Signature: _____

Capacity: Buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: John H. Reed
Address: 449 Western Hills #3
City: Spring Creek
State: NV Zip: 89815

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Rod Hall
Address: PO Box 215501
City: Sacramento
State: CA Zip: 95821

COMPANY REQUESTING RECORDING

Print Name: _____

Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____

As a public record this form may be recorded/microfilmed