PREPARED AND RECORDING REQUESTED BY:

JAMES G. BEIRNE
Attorney at Law
Rancho Law Group
3333 Concours Street
Suite 7101
Ontario, California 91764
909-944-7777

EUREKA COUNTY, NV
Rec:$35.00
Total:$35.00
LORENZO D DIAZ

2019-239103
06/24/2019 11:01 AM
Pgs=6

00005895201902391030060065

LISA HOEHNE, CLERK RECORDER E07

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Lorenzo Diaz Diaz and Florina Diaz, as co-Trustees
1323 N. King Street
Santa Ana, CA 92706

THIS SPACE FOR RECORDER'S USE ONLY

APN: 003-185-02

GRANT DEED TO A REVOCABLE TRUST

The undersigned Grantors declare that this conveyance transfers Grantors' interest to Grantors' revocable living trust for zero ("0") consideration
This transaction is exempt from the Documentary Transfer Tax pursuant to R & T §11930.

Documentary Transfer Tax is $0.00

Exempt from fee per GC27388.1; document transfers real property that is a residential dwelling to an owner-occupier.

☒ City of Santa Ana

☐ Unincorporated Area of _____

LORENZO DIAZ and FLORINA DIAZ, husband and wife, the GRANTORS,

HEREBY GRANT TO

LORENZO DIAZ DIAZ and FLORINA DIAZ, as co-Trustees of THE DIAZ FAMILY TRUST, U/A dated November 12, 2018, the GRANTEE,

All of THAT PROPERTY situated in the County of Eureka, State of Nevada, and commonly known as Vacant Land; which property is bounded and described as set forth in Exhibit "A" (attached hereto and incorporated herein by reference).

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

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.

Executed on November 12, 2018, in San Bernardino County, California.

LORENZO DIAZ

FLORINA DIAZ

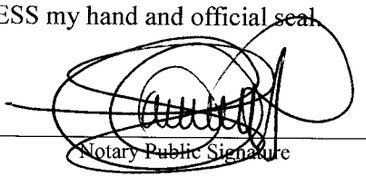
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

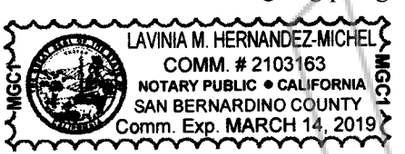
On November 12, 2018, before me, Lavinia M. Hernandez-Michel, a Notary Public, personally appeared LORENZO DIAZ and FLORINA DIAZ, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is/~~are subscribed to the within instrument and acknowledged to me that ~~he/she~~/they 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~~.



~~Notary Public~~ Signature



Notary Public Seal

EXHIBIT A

Lot: 10 MAP: 35161 SEC/TWN/RNG/MER: SEC 15 TWN 29N RNG 48E T29N, R48E SEC. 15

and more commonly known as Vacant Land

TAX PARCEL NUMBER: 003-185-02

BOE-502-A (P1) REV. 13 (06-17)

PRELIMINARY CHANGE OF OWNERSHIP REPORT

To be completed by transferee (buyer) prior to transfer of subject property, in accordance with section 480.3 of the Revenue and Taxation Code. A *Preliminary Change of Ownership Report* must be **filed with each conveyance in the County Recorder's office for the county where the property is located.**

FOR ASSESSOR'S USE ONLY

ASSESSOR'S PARCEL NUMBER
003-185-02

SELLER/TRANSFEROR
Lorenzo Diaz Diaz and Florina Diaz

BUYER'S DAYTIME TELEPHONE NUMBER
714-824-2379/714-558-7831

BUYER'S EMAIL ADDRESS
Email

STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY
Vacant Land

☒ YES ☐ NO This property is intended as my principal residence. If YES, please indicate the date of occupancy or intended occupancy. MO DAY YEAR

☐ YES ☐ NO Are you a disabled veteran or a unmarried surviving spouse of a disabled veteran who was compensated at 100% by the Department of Veterans Affairs?

MAIL PROPERTY TAX INFORMATION TO (NAME)
Mr. and Mrs. Diaz, Trustee

ADDRESS: 1323 N. King Street | CITY: Santa Ana | STATE: CA | ZIP CODE: 92706

PART 1: TRANSFER INFORMATION

Please complete all statements

This section contains possible exclusions from reassessment for certain types of transfers.

YES	NO	
☐	☒	A. This transfer is solely between spouses *(addition of a spouse, death of a spouse, divorce settlement, etc.)*.
☐	☒	B. This transfer is solely between domestic partners currently registered with the California Secretary of State *(addition or removal of a partner, death of a partner, termination settlement, etc.)*.
☐	☒	*C. This is a transfer between ☐ parent(s) and child(ren)? ☐ from grandparent(s) to grandchild(ren).
☐	☒	*D. This transfer is the result of a cotenant's death. Date of death _____
☐	☒	*E. This transaction is to replace a principal residence by a person 55 years of age or older. Within the same county? ☐ YES ☐ NO
☐	☒	*F. This transaction is to replace a principal residence by a person who is severely disabled as defined by Revenue and Taxation Code section 69.5? Within the same county? ☐ YES ☐ NO
☐	☒	G. This transaction is only a correction of the name(s) of the person(s) holding title to the property *(e.g., a name change upon marriage)*. If YES, please explain: _____
☐	☒	H. The recorded document creates, terminates, or re-conveys a lender's interest in the property.
☐	☒	I. This transaction is recorded only as a requirement for financing purposes or to create, terminate, or re-convey a security interest *(e.g., cosigner)*. If YES, please explain: _____
☐	☒	J. The recorded document substitutes a trustee of a trust, mortgage, or other similar document.
		K. This is a transfer of property:
☒	☐	1. to/from a revocable trust that may be revoked by the transferor and is for the benefit of ☒ the transferor, and/or ☐ transferor's spouse ☐ registered domestic partner.
☐	☒	2. to/from an irrevocable trust for the benefit of the ☐ the creator/grantor/trustor, and/or ☐ grantor/trustor's spouse ☐ grantor/trustor's registered domestic partner.
☐	☒	L. This property is subject to a lease with a remaining lease term of 35 years or more including written options.
☐	☒	M. This is a transfer between parties in which proportional interests of the transferor(s) and transferee(s) in each and every parcel being transferred remain exactly the same after the transfer.
☐	☒	N. This is a transfer subject to subsidized low-income housing requirements with governmentally imposed restrictions, or restrictions imposed by specified nonprofit corporations.
☐	☒	*O. This transfer is to the first purchaser of a new building containing an active solar energy system.
☐	☒	*P. Other. This transfer is to _____

* Please refer to the instructions for Part 1.

Please provide any other information that will help the Assessor understand the nature of the transfer.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

PART 2: OTHER TRANSFER INFORMATION

Check and complete as applicable

A. Date of transfer if other than recording date: _____

B. Type of transfer (please check appropriate box):

☐ Purchase ☐ Foreclosure ☐ Gift ☐ Trade or exchange ☐ Merger, stock, or partnership acquisition (Form BOE-100-B)

☐ Contract of Sale. Date of Contract _____ ☐ Inheritance. Date of Death: _____

☐ Sale/leaseback ☐ Creation of a lease ☐ Assignment of a lease ☐ Termination of a lease. Date lease began: _____

Original term in years *(including written options)*: _____ Remaining term in years *(including written options)*: _____

☐ Other. Please explain: _____

C. Only a partial interest in the property was transferred: ☐ YES ☐ NO If YES, indicate the percentage transferred: _____ %

PART 3: PURCHASE PRICE AND TERMS OF SALE

Check and complete as applicable

A. Total purchase price. $_____

B. Cash Down Payment or value of trade or exchange excluding closing costs Amount $_____

C. First deed of trust @ _____% interest for _____ years. Monthly payment $_____ Amount $_____

☐ FHA (___ Discount Points) ☐ Cal-Vet ☐ VA (___ Discount Points) ☐ Fixed rate ☐ Variable rate

☐ Bank/Savings & Loan/Credit Union ☐ Loan carried by seller

☐ Balloon payment $_____ Due date: _____

D. Second deed of trust @ _____% interest for _____ years. Monthly payment $_____ Amount $_____

☐ Fixed rate ☐ Variable rate ☐ Bank/Savings & Loan/Credit Union ☐ Loan carried by seller

☐ Balloon payment $_____ Due date: _____

E. Was an Improvement Bond or other public financing assumed by the buyer? ☐YES ☐NO Outstanding balance $_____

F. Amount, if any, of real estate commission fees paid by the buyer which are not included in the purchase price $_____

G. The property was purchased: ☐ Through a broker: Broker name: _____ Phone Number: (___) _____

☐ Direct from seller ☐ From a family member

☐ Other: Please explain: _____

H. Please explain any special terms, seller concessions, broker/agent fees waived, financing, and any other information (e.g., buyer assumed the existing loan balance) that would assist the Assessor in the valuation of your property.

_____

PART 4: PROPERTY INFORMATION

Check and complete as applicable

A. Type of property transferred

☐ Single-family residence ☐ Co-op/Own-your-own ☐ Manufactured home

☐ Multiple-family residence. Number of units: _____ ☐ Condominium ☐ Unimproved lot

☐ Other. Description: (i.e., timber, mineral, water rights, etc.) ☐ Timeshare ☐ Commercial/Industrial

_____

B. ☐ YES ☐ NO Personal/business property, or incentives, provided by seller to buyer are included in the purchase price. Examples of personal property are furniture, farm equipment, machinery, etc. Examples of incentives are club membership, etc. Attach list if available.

If YES, enter the value of the personal/business property: $_____ Incentives $_____

C. ☐ YES ☐ NO A manufactured home is included in the purchase price.

If YES, enter the value attributed to the manufactured home: $_____

☐ YES ☐ NO The manufactured home is subject to local property tax. If NO, enter the decal number: _____

D. ☐ YES ☐ NO The property produces rental or other income.

If YES, is the income from: ☐ Lease/rent ☐ Contract ☐ Mineral rights ☐ Other: _____

F. The condition of the property at the time of sale was: ☐ Good ☐ Average ☐ Fair ☐ Poor

Please describe: _____

CERTIFICATION

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF BUYER/TRANSFEREE OR CORPORATE OFFICER	DATE	TELEPHONE
Lorenzo Diaz Diaz and Florina Diaz	November 12, 2018	714-824-2379/714-558-7831
NAME OF BUYER/TRANSFEREE/LEGAL REPRESENTATIVE/CORPORATE OFFICER (PLEASE PRINT)	TITLE	E-MAIL ADDRESS
Lorenzo Diaz Diaz and Florina Diaz	Co-Trustees	***Email***

The Assessor's office may contact you for additional information regarding this transaction.

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
   a) 003-185-02
   b) _____
   c) _____
   d) _____
2. Type of Property:
   a) [X] 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 $ 2,731.00
   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: Trust
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 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 Lorenzo Diaz Capacity _____

Signature Floring Diaz Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: Lorenzo Diaz + Floring Diaz	Print Name: The Diaz Family Trust
Address: 1323 N. King ST	Address: 1323 N. King ST
City: Santa Ana	City: Santa Ana
State: CA Zip: 92706	State: CA Zip: 92706

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

Print Name: Floring Diaz Escrow #: The Diaz Family Trust
Address: 1323 N. King ST
City: Santa Ana State: CA Zip: 92706

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED