

PREPARED AND RECORDING REQUESTED BY:

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Suite 7101
Ontario, California 91764
909-944-7777

EUREKA COUNTY, NV

2019-239104

Rec:\$35.00

06/24/2019 11:05 AM

Total:\$35.00

LORENZO D DIAZ

Pgs=6



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: 003-187-01

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

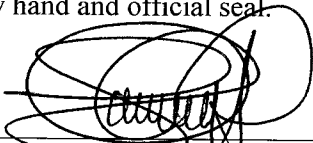
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

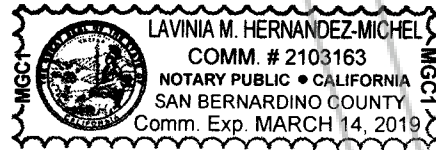
On November 12, 2018, before me, Lavinia M. Hernandez-Michel, a Notary Public, personally appeared LORENZO DIAZ and FLORINA DIAZ, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~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

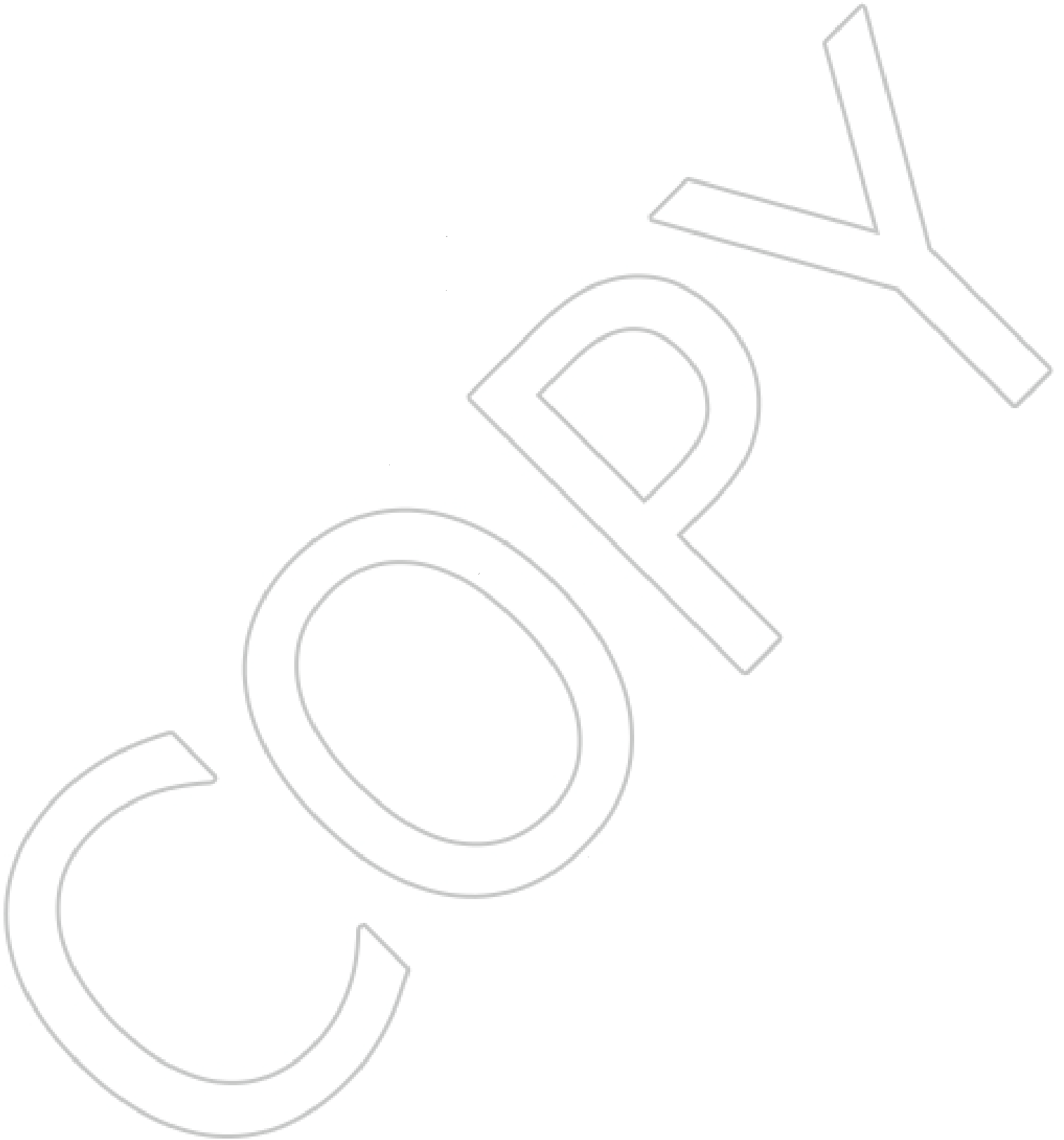
COOPER

EXHIBIT A

Lot: 13 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: 003-187-01



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	_____
003-187-01	_____
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

- | | | | | |
|---|---|----|-----|------|
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | This property is intended as my principal residence. If YES, please indicate the date of occupancy or intended occupancy. | MO | DAY | YEAR |
| <input type="checkbox"/> YES <input type="checkbox"/> 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	CITY	STATE	ZIP CODE
1323 N. King Street	Santa Ana	CA	92706

PART 1: TRANSFER INFORMATION *Please complete all statements*

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

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

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 003-187-01
 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 |
| <input type="checkbox"/> 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 Florina Diaz Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Lorenzo Diaz & Florina Diaz
 Address: 1323 N. King ST
 City: Santa Ana
 State: CA Zip: 92706

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

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: Florina Diaz Escrow #: The Diaz Family Trust
 Address: 1323 N. King ST
 City: Santa Ana State: CA Zip: 92706