Assessor's Parcel No. 1318-23-710-044 RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Peter Adamco, Esq.
The Law Offices of Peter P. Adamco
P.O. Box 1564
Zephyr Cove, NV 89448

MAIL TAX STATEMENT TO:

Peter Huckleberry 2594 S. 4050 W. Ogden, UT 84401 DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

PETER ADAMCO

2018-911322 03/09/2018 09:51 AM

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KAREN ELLISON, RECORDER

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TRUSTEE'S DEED

Pursuant to the Order of this Court in the Ninth Judicial District Court of the State of Nevada, in and for Douglas County, Case No. 16PB0103 in the matter of the Estate of Harold James Obland, Deceased, said Order dated the 1st day of August, 2017, and recorded in the Official Records of Douglas County as Document No.2017-902198, PETER CARL HUCKLEBERRY, as Executor and Successor Trustee of the Estate of Harold James Obland, Deceased, does hereby grant to PETER CARL HUCKLEBERRY all right, title and interest in and to the real property situate in Douglas County, State of Nevada, more particularly described as follows:

220 Terrace View Drive, Being Lot 44 as shown on the Official Map of Lakewood Knolls Subdivision filed in the Office of the County Recorder of Douglas County, Nevada on May 29, 1958.

APN 1318-23-710-044

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

DATED this 2nd day of August, 2017.

THE HAROLD J. OBLAND TRUST

u/i/d May 1, 1984, as amended

PETER CARL HUCKLEBERRY,

Successor Trustee

STATE OF NEVADA) :ss. COUNTY OF DOUGLAS)

On the 2nd day of August, 2017, before me, PETER P. ADAMCO, personally appeared PETER CARL HUCKLEBERRY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

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NOTARY PUBLIC



STATE OF NEVADA DECLARATION OF VALUE		
1. Assessor Parcel Number(s)		
a) 1318-23-710-044		^
b)		/\
c)		()
d)		\ \
-)		\ \
 2. Type of Property: a) Vacant Land b) Single Fam. Res. 		\ \
c) Condo/Twnhse d) 2-4 Plex	FOR RECO	ORDERS OPTIONAL USE ONLY
e) Apt. Bldg f) Comm'l/Ind'l	BOOK	PAGE
	1	ECORDING:
	NOTES:	Trust Dk RC.
i) U Other		TAMBA DE D
a TAIN has Calas Delas af Danasatas	6	
3. Total Value/Sales Price of Property:	\$	
Deed in Lieu of Foreclosure Only (value of property)	<u></u>	
Transfer Tax Value:	\$	
Real Property Transfer Tax Due:	ν	
))
4. <u>If Exemption Claimed:</u>		
a. Transfer Tax Exemption per NRS 375.090, Se	ction #_/	/ ./
b. Explain Reason for Exemption: Transfer from	n a trust withou	it consideration
See attached Certification of Trust		
5. Partial Interest: Percentage being transferred:	%	
The undersigned declares and acknowledges, under pe 375.110, that the information provided is correct to the supported by documentation if called upon to substant parties agree that disallowance of any claimed exempt result in a penalty of 10% of the tax due plus interest a	best of their in tate the information, or other de	nformation and belief, and can be ation provided herein. Furthermore, the stermination of additional tax due, may
Pursuant to NRS 375,030, the Buyer and Seller shall be joint	ly and severally	v liable for any additional amount owed.
I Muller	/ /	Successor Trustee
Signature Of Management of the Signature	_ Capacity	Ouccessor trustee
a Marin it allows	Carlina	Grantee
Signature The Signature	_Capacity	<u> </u>
SELLER (GRANTOR) INFORMATION (REQUIRED)		R (GRANTEE) INFORMATION (REQUIRED)
Print Name: Peter Carl Huckleberry P	rint Name: Pet	er Carl Huckleberry
	Address: 2594 S	
2244 VOSV <u>2007 O. 1000 VV.</u>	city: Ogden	
V	state: UT	Zip: 84401
State. 01 Zip. 04401	itate. Oi	
COMPANY/PERSON REQUESTING RECORDING		
(required if not the seller or buyer)		
Print Name: Peter P. Adamco, Esq.	Escrow #	
Address: PO Box 1564		
City: Zephyr Cove State: NV	_	Zip: 89448
(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)		