

Official Record

Recording requested By  
WILSON BARROWS SALYER JONES

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$21.00 Page 1 of 8  
RPTT: Recorded By: AE  
Book- 287 Page- 0141



APN: 006-361-07

Mailing Address of Grantee or Other Person

Requesting Recording:

Wilson | Barrows | Salyer | Jones  
442 Court Street  
Elko, Nevada 89801

Mail Tax Statements to:

Name: Terrell Hansen  
Address: 9604 East Plana Ave  
City/State/Zip: Mesa, AZ 85212

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Ellen Buege  
Name

Legal Assistant  
Title

Signature

Title of Document Recorded:

Trustees' Distribution Deed



## Trustees' Distribution Deed

THIS DEED, made and entered into this 3<sup>rd</sup> day of April, 2014, by and between **Phillip K. Chattin, Elizabeth A. Chattin, and Robert C. Chattin**, as Co-Trustees of the **Chattin Family Trust**, Grantors, and **Terrell Hansen**, in his individual capacity, Grantee,

### RECITALS:

- a. **Kenneth Chattin**, as Trustor, created the **Chattin Family Trust** (Trust), a revocable, living trust, by Declaration of Trust dated December 17, 2010 (Agreement), and funded the Trust with, among other items, the real property herein described (the "Property").
- b. **Phillip K. Chattin, Elizabeth A. Chattin, and Robert C. Chattin** are the only children of **Kenneth Chattin** and are the Co-Trustees of the **Chattin Family Trust**.
- c. **Kenneth Chattin** (Deceased Trustor) died on February 3, 2014, and was predeceased by his spouse. See certified death certificate attached hereto.
- d. At the time of Deceased Trustor's death, the Trust was still in existence and funded.
- e. Upon the death of Deceased Trustor, the Agreement required the Property to be distributed to **Terrell Hansen**.
- f. The Agreement provided that upon the death of Deceased Trustor, the Trust terminates and the Co-Trustees shall wind up the affairs of the Trust, pay all expenses of the Trust, and distribute the entire remaining Trust Estate.



**WITNESSETH:**

That the Grantors do hereby grant, bargain, sell and convey all present and future right, title and interest in the Property unto

**Terrell Hanson** in his individual capacity,

and to his heirs and assigns in and to all that certain real property situate in the County of Lincoln, State of Nevada, more particularly described as follows:

(See Exhibit A attached hereto and made a part hereof by this reference)

TOGETHER WITH all buildings and improvements situate thereon.

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

APN: 636107

This metes and bounds legal description has been previously recorded on the 31<sup>st</sup> day of January, 2011, in Book 261, Official Records of the Office of the Lincoln County Recorder, at Page 0593 as File No. 0137709.

[Signatures and Notarization on the following three (3) pages]



Dated: March 28, 2014

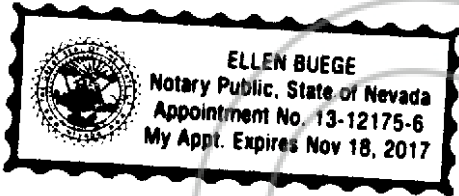
Phillip K. Chattin

Phillip K. Chattin, as Co-Trustee of the  
Chattin Family Trust

STATE OF Nevada )  
 ) ss.  
COUNTY OF Elko )

This instrument acknowledged before me on the 28<sup>th</sup> day of March,  
2014, by Phillip K. Chattin, as Co-Trustee of the **Chattin Family Trust**.

Ellen Buege  
NOTARY PUBLIC



[Attached to Trustees' Distribution Deed dated April 3, 2014]

Dated: April 3, 2014

Elizabeth A. Chattin  
Elizabeth A. Chattin, as Co-Trustee of the  
Chattin Family Trust

STATE OF Oregon )  
  ) ss.  
COUNTY OF Baker )

This instrument acknowledged before me on the 3 day of April, 2014, by **Elizabeth A. Chattin**, as Co-Trustee of the **Chattin Family Trust**.



Morgan L. Griffith  
NOTARY PUBLIC

[Attached to Trustees' Distribution Deed dated April 3, 2014]

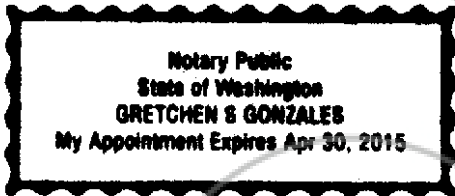


Dated: April 2, 2014

Robert C. Chattin, as Co-Trustee of the  
Chattin Family Trust

STATE OF WASHINGTON  
  ) ss.  
COUNTY OF CLARK

This instrument acknowledged before me on the 2 day of April,  
2014, by Robert C. Chattin, as Co-Trustee of the Chattin Family Trust.

  
NOTARY PUBLIC

[Attached to Trustees' Distribution Deed dated April 3, 2014]

140300113.1e  
March 27, 2014



## Exhibit A

## Caselton Housing Lot Number 5

## Survey Description

August 1980.

Commencing at a point which is S 27° 57' W and a distance of 4757.0 ft from the NW Corner of Section 28, Township 1 North, Range 67 East, MDB&M, and known as the Hoover Dam-Pioche Power Line Station 36+51.6, which is the intersection of the Hoover Dam-Pioche Power Line with the center line of the Prince Mine Railroad; proceed S 55° 50' 20" E a distance of 1004.70 ft to survey station CMR 1001; thence N 51° 14' 20" E a distance of 2392.76 ft to survey station CMR 1002; thence S 54° 03' 26" E a distance of 654.43 ft to survey station CMR 1010; thence S 82° 11' 22" E a distance of 231.20 ft to survey station CMR 1012; thence N 4° 58' 31" E a distance of 297.07 ft to survey station CMR 1014; thence N 3° 25' 47" W a distance of 236.62 ft to Corner No. 1 of Lot 5, this point being the beginning of the Lot 5 survey; thence N 35° 26' 37" E a distance of 288.04 ft to Corner No. 2 of Lot 5; thence S 75° 24' 41" E a distance of 188.72 ft to Corner No. 3 of Lot 5; thence S 19° 36' 19" W a distance of 234.90 ft to Corner No. 4 of Lot 5; thence S 71° 59' 19" W a distance of 136.93 ft to Corner No. 5 of Lot 5; thence N 61° 27' 37" W a distance of 160.09 ft to Corner No. 1, this point being the beginning of this survey.

The property consists of 1.48 acres more or less. Three-quarter inch pipes have been set at all property corners.

2014002860  
 STATE FILE NUMBER

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

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) <b>Kenneth B CHATTIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 03, 2014</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Northeastern Nevada Regional Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 21, 1923</b>	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>90</b>		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Business Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Natural Resources</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Elko</b>		15c. CITY, TOWN OR LOCATION <b>Lamoille</b>	
15d. STREET AND NUMBER <b>1 North Canyon Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert Cook CHATTIN</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eva CARNES</b>		18a. INFORMANT- NAME (Type or Print) <b>Elizabeth CHATTIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>965 L Street Baker City, Oregon 97814</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>MAUREN LOUISE DURKIN M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>February 14, 2014</b>		21c. HOUR OF DEATH <b>03:00</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Durkin, Maureen Louise</b>		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)	
22c. HOUR OF DEATH		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) <b>Maureen Louise Durkin M.D. 247 Bluffs Avenue, Bldg 1 Elko, NV 89801</b>				23b. LICENSE NUMBER <b>7280</b>	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 25, 2014</b>		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) <b>Left Lower Lobe Pneumonia</b> Interval between onset and death <b>4 Days</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Probable E. Coli Sepsis</b> Interval between onset and death <b>4 Days</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
(d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				28. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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

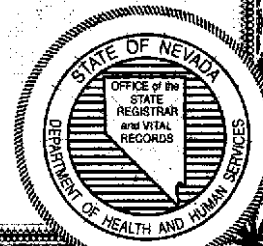
CERTIFIED COPY OF VITAL RECORDS

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: 02/27/2014

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

*R. D. White*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED





State of Nevada  
Declaration of Value

FOR R  
Documen  
Book: \_\_\_\_\_  
Date of R  
Notes: Tr

Recording requested By  
WILSON BARROWS SALYER JONES

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 2 Fee: \$21.00  
Recorded By: AE RPTT:  
Book- 287 Page- 0141

*Trust on file, see page 13!*

1. Assessor Parcel Number(s)  
a) 006-361-07  
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  
i)  Other \_\_\_\_\_

3. Total Value/Sales Price of Property: \$ 0.00  
Deed in Lieu of Foreclosure Only (value of property) \$ 0.00  
Transfer Tax Value per NRS 375.010, Section 2: \$ 0.00  
Real Property Transfer Tax Due: \$ 0.00

4. **If Exemption Claimed:**  
a. Transfer Tax Exemption, per NRS 375.090, Section: 7  
b. Explain Reason for Exemption: Transfer from a trust without consideration.

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 \_\_\_\_\_ Capacity Attorney

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: see exhibit "A"  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Terrell Hansen  
Address: 9604 East Plana Avenue  
City: Mesa  
State: Arizona Zip: \_\_\_\_\_

**COMPANY REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Wilson Barrows Salyer Jones Escrow # \_\_\_\_\_

Address: 442 Court Street

City: Elko State: NV Zip: 89801



Exhibit "A"

**GRANTORS:**

Dorothy T. Chattin  
(deceased)

Phillip K. Chattin  
P.O. Box 1753  
Boise, ID 83701

Robert C. Chattin  
309 West 23<sup>rd</sup> St  
Vancouver, WA 98650

Elizabeth A. Chattin  
964 L Street  
Baker City, OR 97814

Chattin Family Trust  
P.O. Box 1753  
Boise, ID 83701

