

RECORDING REQUESTED BY AND
WHEN RECORDED, MAIL TO:

Law Office of ROBERTA P. CLARK
P.O. Box 2105
Fallbrook, CA 92088-2105

SEND TAX STATEMENTS ONLY TO:

William E. Hurst and Amy B. Love
5587 West Camino Sielo
Santa Barbara, CA 93105
APN: 153-100-13

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SB2
ccw
E1



2018-0048419

Recorded REC FEE 27.00
Official Records County of Santa Barbara CONFORMED COPY 2.00
Joseph E. Holland SB2 HOUSING 75.00
County Clerk Recorder
03:59PM 13-Nov-2018 SR Page 1 of 2

(Space above this line for Recorder's Use)

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX: NONE
(Unincorporated area) (No consideration)

GORDON MILLER, Trustee of the Miller Family Trust u/d/t January 16, 1990, hereby remises, releases and quitclaims to

William Eberly Hurst and Amy Bea Love, Trustees of The Amy and Bill Living Trust, established July 2, 2012

all that real property located in the unincorporated area of the County of Santa Barbara, State of California, as described in Exhibit "A" attached hereto and incorporated herein by reference.

Executed on September 13, 2018, at Fallbrook, San Diego County, California.

[Handwritten Signature], TRUSTEE

GORDON MILLER, Trustee of the Miller Family Trust
u/d/t 1-16-1990

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 Diego) ss.

On September 13, 2018, before me, Karen D. Carver, a notary public, personally appeared **GORDON MILLER**

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledge to me that he executed the same in his authorized capacity, and by that his signatures 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

[Handwritten Signature: Karen D. Carver]
Signature of Notary

(Seal)



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COPY of Document Recorded
13-Nov-2018 2018-0048419
Has not been compared with
original
SANTA BARBARA COUNTY RECORDER

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5587 West Camino Sielo
Santa Barbara, CA 93105

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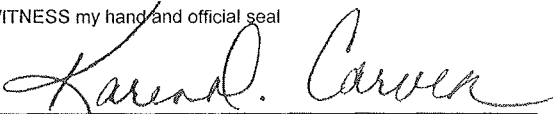
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EXHIBIT A

APN: 153-100-13

An undivided 1/11th interest in and to that portion of lot 10 of the George Haney Tract, in Section 21, Township 5 North, Range 28 West, S.B.B.&M, in the County of Santa Barbara, State of California, according to that map thereof recorded in Book 43, page 53, Record of Surveys, in the office of the County Recorder of said County, described as follows:

Commencing at the Northwest corner of lot 14 of said George Haney Tract; thence North 34 degrees 13' East 32.43 feet to the true point of beginning; thence North 30 feet; thence East 30 feet; thence South 30 feet; then West 30 feet to the true point of beginning.

Also together with an undivided 1/11th interest in and to the well, casing pumps, and tanks and all equipment thereon, and pipe lines appurtenant thereto.

PRELIMINARY CHANGE OF OWNERSHIP REPORT

To be completed by the transferee (buyer) prior to a 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.



Joseph E. Holland
County Clerk, Recorder and Assessor
P.O. Box 159, Santa Barbara, CA 93102-0159
Santa Barbara (805) 568-2550
Santa Maria (805) 346-8310

FOR ASSESSOR'S USE ONLY

ASSESSOR'S PARCEL NUMBER

153-100-13

SELLER/TRANSFEROR

Gordon Miller, Trustee - Miller Family Trust

BUYER'S DAYTIME TELEPHONE NUMBER

(805) 886-1850

BUYER'S EMAIL ADDRESS

castlesb@aol.com

STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY

unincorporated area

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)

William Eberly Hurst and Amy Bea Love, Trustees

MAIL PROPERTY TAX INFORMATION TO (ADDRESS)

5587 West Camino Cielo

CITY

Santa Barbara

STATE

CA

ZIP CODE

93105

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 or removal 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 owned 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 reconveys a lender's interest in the property.
I. This transaction is recorded only as a requirement for financing purposes or to create, terminate, or reconvey 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 the transferor's spouse registered domestic partner.
2. to/from an irrevocable trust for the benefit of the creator/grantor/trustor and/or grantor's/trustor's spouse grantor's/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 remove cloud on title - NO SALE

* 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:

- 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: deed to transfer property which should have been included in prior transfer - NO SALE

C. Only a partial interest in the property was transferred. YES NO If YES, indicate the percentage transferred: 1/11th %

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 real estate broker. Broker name: _____ Phone number: (____) _____

Direct from seller From a family member-Relationship _____

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 memberships, 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 decal number: _____

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

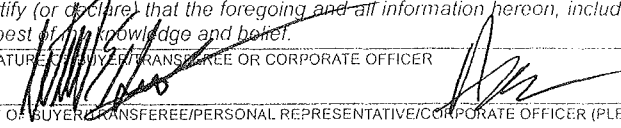
If YES, the income is from: Lease/rent Contract Mineral rights Other: _____

E. 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 <u>18-Sept-18</u>	TELEPHONE (805) 886-1850
NAME OF BUYER, TRANSFEREE/PERSONAL REPRESENTATIVE/CORPORATE OFFICER (PLEASE PRINT) William Eberly Hurst and Amy Bea Love	TITLE Trustees	EMAIL ADDRESS castlesb@aol.com

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





TRANSFER TAX AFFIDAVIT

NOTICE: ANY MATERIAL MISREPRESENTATION OF FACT IN THIS AFFIDAVIT IS A MISDEMEANOR UNDER SECTION 32-47 OF THE SANTA BARBARA COUNTY REAL PROPERTY TRANSFER TAX CODE. ANY PERSON WHO MAKES SUCH A MISREPRESENTATION IS SUBJECT TO PROSECUTION FOR SUCH OFFENSE.

THE CLERK-RECORDER RESERVES THE RIGHT TO REPORT POTENTIALLY FRAUDULENT RECORDINGS TO THE DISTRICT ATTORNEY'S REAL ESTATE FRAUD UNIT.

1. LOCATION OF PROPERTY: Assessor's Parcel Number: 153-100-11

Street Address: _____

Describe the document(s) to be recorded: Quitclaim Deed to clear cloud on title

2. IS THIS A TRANSFER INTO OR OUT OF A TRUST? Yes No (If yes, complete this section. If no, proceed to #3.)

a. Is this transfer solely to reflect a change of trustee? Yes No (if yes, sign at bottom of page 2. If no, proceed to #2b.)

b. Is this to/from a revocable trust wherein the trustors/settlers are the grantors/grantees? Yes No (if yes, sign at bottom of page 2. If no, proceed to #2c.)

c. Is this a transfer for refinancing purposes only? Yes No (if yes, sign at bottom of page 2. If no, proceed to #2d.)

d. Is there any consideration for this transfer, such as a sale to or from a trust? Yes No (if yes, proceed to #9. If no, proceed to #3)

3. IS THIS AN INTERSPOUSAL TRANSFER?

Yes No (If yes sign at the bottom of Page 2. If no, proceed to #4.)

4. IS THIS A FORECLOSURE OR A TRUSTEE'S SALE?

Yes No (If yes, complete this section. If no, proceed to #5.)

a. Is the transferee the Beneficiary or Mortgagee?

Yes No (If yes, complete this section. If no, proceed to #5.)

b. Please provide Name of Trustee _____

Date of original deed of Trust _____

c. Enter the amount of consideration paid or value and on line 9a \$ _____

5. IS THIS A GIFT IN WHOLE OR IN PART?

Yes No (if yes, give a complete explanation and **sign both as Donor and at the bottom of Page 2.** If no, proceed to #6.)

Name of Transferor/Donor: Gordon Miller, Trustee, Miller Family Trust

Name of Transferee/Donee: William Eberly Hurst and Amy Bea Love, Trustees

Please be aware that certain gifts in excess of \$14,000 per calendar year may trigger a Federal Gift Tax. In such cases, the Transferor (donor) may be required to file Form 709 (Federal Gift Tax Return) with the Internal Revenue Service. Please also be aware that information stated on this document may be given and used by governmental agencies, including the Internal Revenue Service.

I, as the Transferor (Donor) Gordon Miller, declare under the penalty of perjury, that I have read the aforementioned paragraph and acknowledge that a Federal Gift Tax may be triggered.

Gordon Miller, Trustee
Donor Signature

(760) 728-5611
Donor Phone Number

6. IS THIS A NON-OIL AND GAS LEASE?

Yes No (If yes, complete this section. If no, proceed to #7.)

If this is an Oil and Gas Lease, a Mineral Deed or Assignment of Oil and Gas Lease, the document is subject to tax, REGARDLESS OF THE TERM OF THE LEASE. Proceed to #9.

- a. Is remaining term of lease including renewal options greater than 35 years? Yes No
- b. **If yes, submit a copy of lease or summary or terms**
- c. Enter the value of the lease interest and on line 9a (for tax calculation) \$ _____

7. IS THIS A TRANSFER GIVEN TO SECURE A DEBT?

Yes No (If yes, complete this section. If no, proceed to #8.)

- a. If adding or removing a co-owner for refinancing purposes, please initial _____
"The proportional ownership interest will revert back to its original holding within one (1) month from the date of recording; otherwise I will pay the applicable transfer tax."
- b. If removing a co-owner for refinancing purposes, please initial _____ and explain in #8 a. below.

8. DO YOU CONTEND THAT NO TRANSFER TAX IS DUE FOR A REASON NOT EXPLAINED IN #1-7?

Yes No (If yes, complete this section. If you are paying tax, proceed to #9.)

- a. If yes, explain the exemption of R & T Code section 11911 or section 11930 below:
 - (1) The nature of this transaction; and
Confirms title in transferees names - remove cloud on title where grantor has no interest in property
 - (2) The reason why you contend no transfer tax is due **(Use additional papers if necessary and attach copies of records or documents supporting your claim.)**
Transfers involving legal entities must provide:
 - Articles of Incorporation, Operating Agreement of an LLC, or Partnership Agreement
 - Provide the names of individuals and specific percentages held by each individual both prior to and following this transfer.

9. TAXABLE TRANSACTIONS (No tax due if value or consideration is less than \$100.00.)

- Complete the following and calculate the tax below:
- a. Consideration paid or value \$ _____ *0*
 - b. Full Cash Value Less Liens
 - c. If less liens, loan amount assumed \$ _____
 - d. Total consideration or value less liens (Line A – Line C) \$ _____ *0*
 - e. Tax Due, calculate tax as \$0.55 per \$500 of Line D \$ _____ *0*

Example: \$100,000 value / \$500 increments = 200
200 increments X \$0.55 = \$110 in tax due

I DECLARE OR AFFIRM UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Transferee Transferor OR Agent of Transferee or Agent of Transferor

[Signature] ERIC BURKHARDT
Signature Print Name

1114 STATE STREET, STE 200, SANTA BARBARA CA 93101
Address

805-966-6774 Check here if address in Question #1 is the same as the claimant's mailing address
Phone Number

SANTA BARBARA, CA 93101 11/13/10
Place of Execution (City, County, State where executed) Date of Execution