

Grant, Bargain, and Sale Deed

THIS INDENTURE WITNESS That: Ruth R. Craig and Wesley P. Craig married couple - husband and wife in consideration of One Thousand dollars

the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to: Judith C. Mayer, Lynn single-unmarried woman all that real property whose street address is (if applicable): Cell #2 Box 78 because NV 89821 County of Eureka State of Nevada Township 31 North, Range 49 East Section 17 W 1/2 of the NW 1/4 of the Southeast 1/4 bounded and described as follows: (Set forth legal description)

ASSESSORS PARCEL NO. (APN#) 5-080-30

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 3rd day of November 1997

[Signature]
Signature of Declarant
Wesley P. Craig
(Print or type name here)

[Signature]
Signature of Declarant
Wesley P. Craig
(Print or type name here)

STATE OF NEVADA

COUNTY OF

This instrument was acknowledged before me on (date)

By (person's appearing before notary public)

(Signature of Notary Public)

My commission expires:

(Notary Stamp)

CALIFORNIA
ACKNOWLEDGMENT
ATTACHED

CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE

RECORDING REQUESTED BY AND MAIL TAX STATEMENTS TO

THIS SPACE FOR RECORDERS USE ONLY

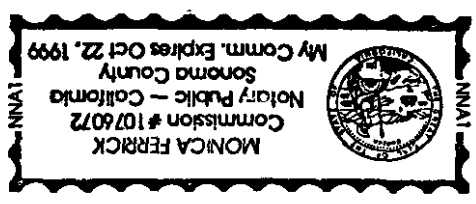
NAME:

ADDRESS:

CITY/ST/ZIP:

State of California County of Sonoma
On November 3, 1997 before me, Monica Ferrick, Notary Public
Name and Title of Officer (e.g., "Jane Doe, Notary Public")
Ruth R Craig and Wesley P. Craig
Name(s) of Signer(s)
☐ personally appeared Ruth R Craig and Wesley P. Craig
☒ personally known to me OR ☒ 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.

WITNESS my hand and official seal.



Monica Ferrick
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

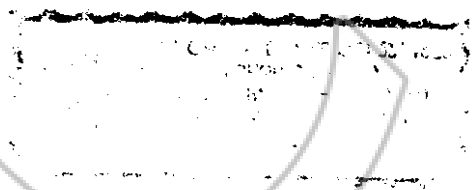
Description of Attached Document

Title or Type of Document: Grant, Bargain and Sale Deed
Document Date: 11-3-97
Number of Pages: 1
Signer(s) Other Than Named Above: _____
Capacity(ies) Claimed by Signer(s): _____

Signer's Name: _____ Title(s): _____ ☐ Individual ☐ Corporate Officer ☐ Partner — ☐ Limited ☐ General ☐ Attorney-in-Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other: _____ RIGHT THUMBPRINT OF SIGNER Top of thumb here	Signer's Name: _____ Title(s): _____ ☐ Individual ☐ Corporate Officer ☐ Partner — ☐ Limited ☐ General ☐ Attorney-in-Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other: _____ RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer Is Representing: _____	Signer Is Representing: _____

BOOK 315 PAGE 391

COPY



168923

FILE NO.
EUREKA COUNTY NEVADA
M.M. REBELEATI, RECORDER
FEES \$9.00

BOOK 315 PAGE 389
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Quetta D. Mayes, Esq.
97 NOV 13 AM 11:42

DECLARATION OF VALUE Lincoln COUNTY, NEVADA

Recording Date 11/13/97 Book 315 Page 389 Instrument # 168923

Full Value of Property Interest Conveyed \$ 1,000.00
Less Assumed Liens & Encumbrances --
Taxable Value (NRS 375.010, Section 4) \$ 1.30
Real Property Transfer Tax Due \$ 1.30

If exempt, state reason. NRS 375.090, Section 4. Explain:

☐ Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL
Under penalty of perjury, I hereby declare that the above statements are correct.

Julie Mayer
Signature of Declarant

Julie Mayer Lynn
Name (Please Print)

Box 7
Address

Beowave NV
City State Zip
89821

Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.

ESCROW HOLDER

Signature of Declarant

Name (Please Print)

Escrow Number

Firm Name

Address

City State Zip

• Tax paid for the above transfer per NRS 375.030 Sec. 3 on 11/13/97