178773

Joint Tenancy Deed

THIS INDENTURE, ade this <u>luth</u> DAY OF September, 2002, by and between **PHIL BROWN WELDING & REPA**hereinafter referred to as Grantor, and

TODD C. & TINA HUBBARD

hereinafter referred to as Grantees, whose address is

P.O. BOX 134 EUREKA, NEVADA 89316

WITNESSETH:

For valuable considtion received, Grantor does by these presents grant, bargain and sell unto said Grantees as jotenants with rights of survivorship and not as tenants in common, and their assigns and the heirnd assigns of the survivor forever, all that certain property in the Town of Eureka, County of Eka, State of Nevada that is described as follows:

PARCEL #1 - as per Parcel Map
For Phil Brown Welding & Repair, filed for record on
July 8, 2002, in the Official Records of Eureka
County, State of Nevada, File No.178257.
Containing 6.29 acres, more or less.

APN 01-171-22

TOGETHER WITH and singular hereditaments and appurtenances thereunto belonging or in any way appertaining.

IN WITNESS WHEOF, Grantors have caused this conveyance to be executed the day and year first above writ.

PHIL BROWN WELIG & REPAIR

STATE OF NEVADA

COUNTY OF EUREKA)

On this day of Septer, 2002

personally appeared before,

a Notary Public

Phil Brown Welding & Re

personally known to me tribe person whose name is subscribed to the abovernment who acknowledges that

he executed the instrume:

Witness my hand and officeal Chea

Notary Public

BOOK 350 PAGE /62
OFFICIAL RECORDS
ECONOBED AT THE CONFEST OF
DENA FRIBAND

O2 SEP 16 AM 9: 10

TIM. REBALEATI. RECORDER FILE NO. FEE\$/4

178773

GLADY GOICOECHEA

Notary Public - State of Nevada

Appointment Ascorded in Euroka County

No. 94-9229-8 - Expires October 28, 2002

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STATE OF NEVDA DECLARATIO OF VALUE

				ORDERS OPTIONAL USE ONLY
I. ASS	essor Parcel Nuier (s)		Documen	t/Instrument#: /78773
	11-171-20		کی :Book	
	···	_	Date of R	ecording: 9-16-02
c)	V-11	_	Notes:	
d)		-		
2. Tvp	e of Property:		<u> </u>	
	✓ Vacant La	b) C Sid	ngle Fam Res.	
c)			4 Plex	
e)	· ·		mm'l/ind'i	
g) I)	and the second s	h) Mo	obile Home	\wedge
,	C. Olliei			
3. Tot	al Value/Sales ice o	f Property:	\$ 1	10,000,00
	ed in Lieu of Foresure		operty) \$	10,000.00
Trai	nsfer Tax Value:	e.iij (valao o, pi	φ	
	Il Property Transfüax D	ue.	<u>φ</u>	
, (00	ar roporty transit ax D	uç.	<u> </u>	52.00
4. If E	xemption Claim			
	. Transfer Tax Exotion,	ner NRS 375 090	Section:	
b	. Explain Reason Exem	ption:	, occuon	
1	,			
	•	······································		
5. Pai	rtial Interest: Peintag	e being transfe	erred:	%
The un	idersigned declarand a	cknowledges, u	nder penalty of pe	erjury, pursuant to NRS 375.060
and NF	RS 375.110, that tinforr	mation provided	is correct to the b	est of their information and
belief,	and can be supped by	documentation i	f called upon to se	ubstantiate the information
provide	ed herein. Furtheare, ti	he disallowance	of any claimed ex	kemption, or other determination
of addi	itional tax due, mresult	in a penalty of 1	0% of the tax due	plus interest at 1% per month.
	,	an ar parianty at		plas interest at 170 per month.
Pursu	ant to NRS 375.C, the	Buyer and Sell	er shall be iointly	y and severally liable for any
	onal amount ow			, and develoiny habit for any
	ature Tim No	Olan D		
_		wording		apacity
Signa	ature		C	apacity
	/ /		1 1	
SELL	ER (GRANTO INFO	ORMATION	BUYER (G	
•	(REQUIRED)	ORMATION		GRANTEE) INFORMATION
SELL Print I	(REQUIRED)	ORMATION		GRANTEE) INFORMATION EQUIRED)
•	(REQUIRED) Name:	ORMATION	(R	GRANTEE) INFORMATION EQUIRED Todd C & Tina Hubbara
Print I	(REQUIRED) Name:	ORMATION	Print Name: Address:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbara PC Box 134
Print I	(REQUIRED) Name:	ORMATION	Print Name: Address: City:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbard PO Box 134 Eureka
Print I Addre	(REQUIRED) Name:	ORMATION	Print Name: Address:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbara PC Box 134
Print I Addre City: State:	(REQUIRED) Name: PSS:		Print Name: Address: City: State:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbard PO Box 134 Eureka
Print I Addre City: State:	(REQUIRED) Name: PSS: Zip: PANY/PERSOREQ	UESTING RE	Print Name: Address: City: State:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbard PO Box 134 Eureka
Print I Addre City: State:	(REQUIRED) Name: PSS: PANY/PERSOREQ UIRED IF NOT THE SELL OR BU	UESTING RE	Print Name: Address: City: State:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbard PC Box 134 Eureka NV Zip: 89316
Print I Addre City: State: COM (REQ	(REQUIRED) Name: PSS: Zip: PANY/PERSOREQ UIRED IF NOT THE SEL: OR BU	UESTING RE	Print Name: Address: City: State:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbard PO Box 134 Eureka
Print I Addre City: State:	(REQUIRED) Name: PSS: Zip: PANY/PERSOREQ UIRED IF NOT THE SEL: OR BU	UESTING RE	Print Name: Address: City: State:	GRANTEE) INFORMATION EQUIRED) Todd C & Tina Hubbard PC Box 134 Eureka NV Zip: 89316

(AS A PUB RECORD THIS FORM MAY BE RECORDED)