

RECORDED AT THE REQUEST:

N.R.L.L., Inc.

Item No. 61-097

WHEN RECORDED MAIL TO:  
MAIL FUTURE TAX STATEMENT TO:

Paul Sandner

7 Salvia

Rancho Santa Margarita, 92688

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
N.R.L.L. Inc  
03 JAN -7 AM 8:21

CLERK, COUNTY OF ORANGE, CALIFORNIA  
FILE NO. 180689  
FEE \$14.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX \$7.80

computed on full value of property conveyed, or computed on full value less value of liens or encumbrances remaining at time of sale, Unincorporated Area

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
N.R.L.L., Inc., a California Corporation

hereby GRANT(s) to

Paul W. Sandner and Elizeth S. Sandner

the following described real property in the County of Eureka  
State of Nevada

TOWNSHIP 30 NORTH, RANGE 9 EAST, MDB&M SECTION 25: W2W2NW4.


APN: 005-320-01


N.R.L.L., Inc.,  
a California Corporation

DATED 11/13/2002

STATE OF CALIFORNIA

COUNTY OF ORANGE

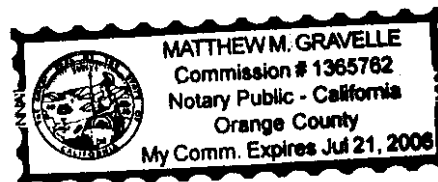
  
Robert D. Friedman, President

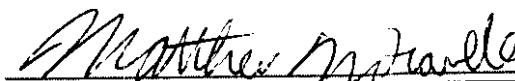
  
Jeffrey P. Frieden, Secretary

On 12-27-02 before me C. Parsons Matthew M Gravelle personally appeared  
Robert D. Friedman, President and Jeffrey P. Frieden, Secretary

personally known to me (or prior 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 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.



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180689

# STATE OF NEADA DECLARATIC OF VALUE

## 1. Assessor Parcel Nber (s)

- a) 005-320-L  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 180689  
Book: 357 Page: 150  
Date of Recording: 1-7-03  
Notes: \_\_\_\_\_

## 2. Type of Property:

- |  |           |                             |                 |
|--|-----------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant L  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Tse | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg | f) <input type="checkbox"/> | Comm'l/Ind'l    |
| g) <input type="checkbox"/>            | Agricultu | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other     |                             |                 |

## 3. Total Value/Sale Price of Property:

\$ 5775.00  
Deed in Lieu of Foreclosure Only (value of property) \$ 0  
Transfer Tax Value: \$ 5775.00  
Real Property Trans Tax Due: \$ 7.80

## 4. If Exemption Claimed:

- a. Transfer Tax Exption, per NRS 375.090, Section: \_\_\_\_\_  
b. Explain Reason Exemption: N/A

## 5. Partial Interest: Percent being transferred: N/A %

The undersigned declare 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, will result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.1, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

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

## SELLER (GRANTOR) INFORMATION

(REQUIRED) ROBERT D. FRIEDMAN

Print Name: NRLL, INC.  
Address: 9 GOLFAR  
City: IRVIN  
State: CA Zip: 92618

## BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Paul Sandner  
Address: 7 Salvia  
City: Rancho Santa Margarita  
State: CA Zip: 92688

## COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)