

This space for recorders use only

APN: 001-095-01

Recording requested by and all documents and tax statements to:

Name: Louie F. Gomes.....

Address: 3500 St Claire Rd.....

City/State/Zip: Fallon, NV 89.....

DED106mk

Nevada Legal Forms & Boc Inc. (702) 870-8977

www.legalformsrus.com

BOOK 365 PAGE 150  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Louie F. Gomes*  
2003 SEP -8 AM 9:19

EUREKA COUNTY NEVADA  
M.N. REGALEATI, RECORDER  
FILE NO. FEES 14.00

182444

RPTT:

## GRAT, BARGAIN, and SALE DEED

THIS INDENTURE WITNE that: Mildred L. Spracklin a single person mother of Louie F. Gomes

(hereinafter called GRANTOR) in consideration of 0

dollars \$ 0.00 the receipt of which is hereby acknowledged, do hereby GRANT, BARGAIN, SALE and CONVEY to: Louie Gomes a single man, son of Mildred L. Spracklin

(hereinafter called GRANTEE) all that real property situated in the City of Eureka  
County of Eureka, State of Nevada

bounded and described as folis: (Set forth legal description AND commonly known street address)

**371 W. Bateman St, all of lene (1), in block Fifty-six (56) of the Town of Eureka, State of Nevada together with a gas stove a refrigerator situated therein.**

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

In Witness Whereof, I/We have unto set my hand/our hands on 30 day of Aug., 2003

x Mildred L. Spracklin  
Signature of Grantor

Signature of Grantor

Mildred L. Spracklin

Print or Type Name Here

Print or Type Name Here

STATE OF NEVADA

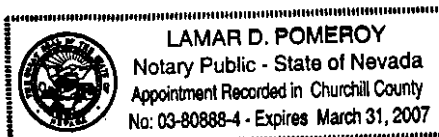
COUNTY OF CHURCHILL

On this 30 day of AUGUST, 2003, personally appeared before me, a Notary Public MILDRED L. SPRACKLIN personally known to me to be person(s) whose name(e) is subscribed to the above instrument who acknowledged that she executed this instrument. Witness my hand and official seal.

Lamar D. Pomeroy  
Notary Public

My Commission Expires: 31 MAR 2007

Consult an attorney if you doubt this forms fitness for your purpose.



182444

BOOK 365 PAGE 150

State of Nevada  
Declaration of Value

For Recordors Use only  
Document/instrument # 182444  
Book 365 Page 150  
Date of Recording: 9-8-03  
Notes

1. Assessor Parcel Num(s)

- a) 001-095-01
- b)
- c)
- d)

2. Type of Property

- a) Vacant Land                      x Single Fam. Res
- b) condo/Twnhse                  2-4plex
- e) Apt. Bldg                        comm'l/Ind'l
- g) agricultural                    Mobile Home
- Other \_\_\_\_\_

3. Total Value/Sales Price Property                      \$ 30,000  
Deed of Foreclosure On/Value of Property)            \$ \_\_\_\_\_  
Transfer Tax Value    \$ \_\_\_\_\_

REAL PROPERTY TRANSFER TAX DUE                      \$ 0

4. If exemption claimed:

- a. Transfer tax mption per NRS 375.090, Section \_\_\_\_\_
- b. Explain reason exemption: Transfer from mother to blood son

5. Partial Interest: Percentage being transferred: 100%

The undersigned declared acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the informat provided is correct to the best of their information and belief, and can be supported by documenta if called upon to substantiate the information provided herein. Furthermore, the parties agree that diswance of any claimed exemption, or other determination of additional tax due, may result in a penalty 0% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be ntly and severally liable for any additional amount owed.

Signature Mildred Spram Capacity Grantor  
Signature Louie F. Gomes Capacity Grantee

SELLER (GRANTOR) FORMATION (Required) BUYER (GRANTEE) INFORMATION(Required)

Mildred L. Spram    Louie F. Gomes

3500 St. Claire L    3500 St. Claire Rd  
Address    Address

Fallon    Fallon  
City    City

Nevada                      89406                      Nevada                      89406  
State                              Zip                              State                              Zip

COMPANY/PEDN REQUESTING RECORDING (Required if not seller or buyer)

\_\_\_\_\_  
Company's/PersName    Escrow# \_\_\_\_\_

\_\_\_\_\_  
Address    City    State    Zip