

This space for recorders use only

APN: 003-101-06  
Recording requested by and mail documents and  
tax statements to:

Name: Shawn Barber  
Address: 5914 Claypool Drive  
City/State/Zip: DAVISBURG, Michigan 48350

DED102  
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BOOK 397 PAGE 001  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Judith C Mayer Lynn  
2004 OCT -7 PM 12:49

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FBES 14.00

**192877**

RPTT: \_\_\_\_\_

## WARRANTY DEED

THIS INDENTURE, made this 6 day of October, 2004  
BETWEEN, the "Seller", whose name(s) is/are: Judith C Mayer Lynn  
AND, the "Buyer" whose name(s) is/are: Shawn Barber and Bradley Shea  
WITNESSETH, That said Seller, for and in consideration of the sum of  
Five Thousand Five hundred dollars and no cents DOLLARS,  
(\$ 5,500.00) and other good and valuable consideration, the receipt whereof is hereby  
acknowledged, does by these presents grant, bargain, sell, remise, release, alien, warrant and confirm unto  
the Buyer, and to the heirs and assigns of the Buyer, all that certain piece or parcel of land situated and being  
in the City of \_\_\_\_\_ County of Eureka and  
State of Nevada

The commonly known address is (if applicable) 414 North 9th Street Crescent Valley  
Ranch & Farms Unit #4  
The legal description is as follows: Lot 7 of Block 13 of Crescent Valley Ranch & Farms  
Unit #4

In Witness Whereof, my hand has been set on October 6, 2004

Judith C Mayer Lynn  
Signature on line above

Signature on line above

Judith C Mayer Lynn  
Print name on line above

Print name on line above

STATE OF Nevada )  
COUNTY OF Lander )

On this 6th day of October, 2004, personally appeared before me, a  
Notary Public Judith C Mayer Lynn  
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who  
acknowledged that She executed this instrument. Witness my hand and official seal.

Georgia Jordan  
Notary Public



GEORGIA JORDAN  
Notary Public - State of Nevada  
Appointment Recorded in Lander County  
No: 98-23525-10 - Expires March 1, 2007

My commission expires: 3-1-2007

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

State of Nevada  
Declaration of Value

1. Assessor Parcel Number(s)

a) 003-101-06  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

2. Type of Property:

a) ☒ Vacant Land  
c) ☐ Condo/Townhse  
e) ☐ Apt. Bldg.  
g) ☐ Agricultural  
i) ☐ Other \_\_\_\_\_  
b) ☐ Single Fam. Res.  
d) ☐ 2-4 Plex  
f) ☐ Comm'l/Ind'l  
h) ☐ Mobile Home

FOR RECORDER'S OPTIONAL USE ONLY

Document/Instrument # 192877  
Book: 397 Page: 001  
Date of Recording: 10/7/04  
Notes: \_\_\_\_\_

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 5,500.00  
\$ 5,500.00  
\$ 21.45  
\$ 21.45

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: N/A

b. Explain Reason for Exemption: \_\_\_\_\_  
\_\_\_\_\_

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares 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 therein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Judith C Mayer Lynn

Capacity seller

Signature Shawn Barber

Capacity buyer

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Judith C Mayer Lynn  
Address: 1010 Skyline  
City: Battle Mountain  
State: Nevada Zip 89820

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Shawn Barber  
Address: 5914 Claypool Drive  
City: Davisburg  
State: Michigan Zip 48350

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_