

WHEN RECORDED, MAIL THIS
DEED AND TAX STATEMENT TO:

Claire Edgar
487 Rabbit Farm Trail
Advance, NC 27006

BOOK 399 PAGE 228
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Claire Edgar
2004 NOV -8 PM 5: 03

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 193658
FEES \$14.00

BOOK 393 PAGE 19
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Frank Lepard
2004 SEP -2 PM 3: 57

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 191849
FEES \$14.00

CORRECTION

GRANT DEED

191849

The GRANTOR, FRANK LEPARD, PO BOX 85, CORINTH NY 12822, for and in consideration of \$10.00 (TEN & no/100 dollars) in hand paid, conveys and DEEDS CLAIRE EDGAR, DEREK POWELL; JOHN POWELL; STEVEN SMITH; PAUL POWELL; LUKE POWELL, the right, title and All interest, which GRANTOR may have in the following described real estate:

NP W 1/2 of R NE 1/4 & R SW 1/4 of P 5E 1/4
Legal Description - ~~THE NW & SE & SE 1/4~~ OF THE NE 1/4 OF THE SW 1/4 OF SECTION #3, TOWNSHIP #28 NORTH, RANGE #52 EAST, EUREKA COUNTY NEVADA, APN #5-670-41

Subject to: Taxes for the fiscal year.
Rights of way, reservations
easements and conditions of record.
Affix R.F.T.T. \$ _____



5TH Day of JULY, 2004

[Signature]
FRANK LEPARD

STATE OF NEW YORK, COUNTY OF *Albans*

On this the 6th day of July, 2004, before me, the undersigned, a notary public in and for said County and State, personally appeared Frank Lepard, 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 entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]
My Commission Expires:

MARK V. PRENDIVILLE
Notary Public - State of New York
Qualified in Albany County
My Commission Expires June 30, 2025

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STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 5620-41
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#	<u>191849</u>
Book:	<u>393</u> Page: <u>19</u>
Date of Recording	<u>9-2-04</u>
Notes:	_____

2. Type of Property:

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

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 2850.
\$ 0
\$ 2850.
\$ 11.70

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: _____

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 herein. 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 [Signature] Capacity _____
Signature [Signature] Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: FRANK CARMU
Address: Box 85
City: GRANT
State: NV Zip: 12502

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: CLAIRE F. D. G. L.
Address: 482 RADWIT Fm - Mc L
City: ADWANE
State: NC Zip: 27006

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)