

# GRANT, BARGAIN, and SALE DEED

APN: 01-213-01  
01-221-01

BOOK 413 PAGE 172  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Lawrence L. Melka*  
2005 MAY 12 AM 9:58

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. 198486  
FEES 14.00

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Lawrence L. & Vickie L. Melka  
Address: P. O. Box 405  
City/State/Zip: Eureka, NV 89316

THIS INDENTURE WITNESS That the GRANTOR(S): Lucus J. Melka and Jessica L. Valline who took title to said properties on 7-17-2000 in Book 335 Page 472 & 474 Document #174925 as Jessica L. Melka for and in consideration of

Gift Deed Dollars (\$ -0-) the receipt of which is hereby acknowledged, do hereby GRANT, BARGAIN, SALE AND CONVEY to GRANTEE(S):

Lawrence L. & Vickie L. Melka whose address is (if applicable): P. O. Box 405 (660 County Road), situate in the City of Eureka, County of Eureka, State of Nevada

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description)

T19N,R53E Section 14 Parcel A of Lot 1 File Map #121703 (14.54Ac) 01-213-01 and  
T19N,R53E Section 11 E2E2SE4SE4 (10.00Ac) 01-221-01

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on \_\_\_\_\_.

*Lucus J. Melka*  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

Lucus J. Melka

Jessica L. Valline

Print or type name here

Print or type name here

STATE OF ~~NEVADA~~ Idaho

COUNTY OF ~~EUREKA~~ Twin Falls

This instrument was acknowledged before me on (date) May 9, 2005

By (person(s) appearing before notary public) Kathi Schrader

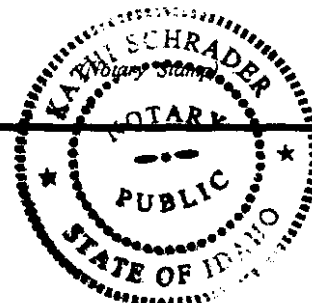
*Kathi Schrader*

Notary Public

My Commission expires: 2/3/08

198486

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# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 01-213-01  
b) 01-221-01  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 198486  
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Date of Recording: 5-12-05  
Notes: \_\_\_\_\_

## 2. Type of Property:

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twnhse | 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"/>            | 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: \$ \_\_\_\_\_

## 4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 9  
b. Explain Reason for Exemption: TRANSFER FROM CHILDREN TO PARENTS

## 5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

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 Lawrence L. Melka Capacity BUYER  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: LAWRENCE L. MELKA  
Address: P.O. BOX 405  
City: EVANS  
State: NEV Zip: 89316

### 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)