

Recording Requested By

And when recorded mail to:

Name MONTE Shangle  
Street Address HE 62 Box 164  
City State Zip Eureka, NV. 89316

BOOK 423 PAGE 288  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Monte Shangle  
2005 SEP 21 PM 1:38

EUREKA COUNTY, NEVADA  
M.H. REGALATI, RECORDER  
FILE NO. FEES 14.00

201133

Space above this line for recorder's use

WOLCOTT'S FORMS, INC. WWW.WOLCOTT'SFORMS.COM SINCE 1893

### GRANT DEED

DOCUMENTARY TRANSFER TAX  
 computed on full value of property conveyed, or  
 computed on full value less liens and encumbrances remaining at time of sale.

Autograph of Declarant or Agent Determining Tax Firm Name

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I/We, Michael Bartlett

grant to Monte Shangle (Name of grantor(s))

all that real property in the City of Eureka, County of Eureka, State of NV  
described as follows: 110 S. Spring Street

LOT # 00113202

Assessor's parcel No. 00113202

Executed on \_\_\_\_\_, in the City of \_\_\_\_\_, State of \_\_\_\_\_

STATE OF Mississippi  
COUNTY OF Pauline

Michael Bartlett

On 9/12/05 before me, Pauline E. Nathan personally appeared \_\_\_\_\_ 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 the entity upon behalf of which the person(s) acted, executed the instrument

CAPACITY CLAIMED BY SIGNER(S)  
 Individual(s)  
 Corporate Officer(s)  
 Partner(s) Limited General  
 Attorney in Fact  
 Trustee  
 Guardian/Conservator

WITNESS my hand and official seal.

Pauline E. Nathan My Commission Expires 7-26-2008  
Signature of Notary (seal)

RIGHT THUMBPRINT (Optional)



MAIL TAX \_\_\_\_\_

STATEMENTS TO: \_\_\_\_\_

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201133

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#778 REV. 1-04

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# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	201133
Book:	423 Page: 298
Date of Recording:	9-21-05
Notes:	

1. Assessor Parcel Number (s)  
 a) 001-032-02  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

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"/>            | Apl. Bldg.   | f) <input type="checkbox"/> | Comm/Indl       |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

3. Total Value/Sales Price of Property: \$ 4,000  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 15.60

4. If Exemption Claimed:  
 a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

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 *Monte W. Handie* Capacity BUYER  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
 (REQUIRED)  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION**  
 (REQUIRED)  
 Print Name: MONTE W. HANDIE  
 Address: HC 62 BOX 154  
 City: ELDERA  
 State: NV Zip: 89316

**COMPANY/PERSON REQUESTING RECORDING**  
 (REQUIRED IF NOT THE SELLER OR BUYER)  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_