

Recording Requested By

And when recorded mail to:

Name MONTE Shangle
Street HE 62 Box 164
City Eureka, NV. 89316
State NV
Zip 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. REBALEATH RECORDER
FILE NO. 201133 FEES 14.00

Space above this line for recorder's use

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 Nevada
COUNTY OF Eureka

Michael Bartlett

On 9/12/05 before me, Michael Bartlett 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.

RIGHT THUMBPRINT (Optional)

Empty box for right thumbprint.

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

MAIL TAX _____

STATEMENTS TO: _____

Wolcotts Forms, our resellers and agents make no representations or
warranty, express or implied, as to the fitness of this form for any
specific use or purpose. If you have any question, it is always best to
consult a qualified attorney before using this or any legal document.

201133

©2004 WOLCOTT'S FORMS, INC.



7 67775 39778 9

#778 REV. 1-04

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 001-032-02
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument: 201133
Book: 423 Page: 288
Date of Recording: 9-21-05
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/Indl
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) \$ 4,000

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 [Signature] Capacity BUYER

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: MONTELL HANDE
Address: HC 62 BOX 14
City: ELDERA
State: NV 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)