

RECORDING REQUESTED BY:
Debbie's Legal Typing

MAIL TAX STATEMENTS AND
WHEN RECORDED MAIL TO:
Stacy Joann McCarley
PO Box 3215
Sparks, NV 89432

BOOK 435 PAGE 090
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Stacy J. McCarley
2006 APR 19 PM 2:37
EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. 204504
FEES 39.00

APN: 2-012-05

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Deed

THIS INDENTURE, made this 15th day of February 2006, by and between **Anthony C. McCarley**, hereinafter referred to as Grantor, and **Stacy Joann McCarley, a Single Woman**, hereinafter referred to as Grantee, whose address is **PO Box 3215, Sparks, NV 89432**.

WITNESSETH:

For valuable consideration received, Grantor does by these presents grant, bargain and sell unto said Grantee and to her heirs and assigns forever, all that certain real property situate in the **County of Eureka, State of Nevada** that is described as follows:

Lot 2, Block 18, Crescent Valley Ranch & Farms Unit 1, as recorded.

SUBJECT TO taxes for the present fiscal year and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and rights of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances there-unto belonging or appertaining and the reversion and reversions, remainder and remainder, rents, issues and profits thereof.

TO HAVE AND TO HOLD said premises, together with the appurtenances, unto said Grantee, and to her heirs and assigns forever.

IN WITNESS WHEREOF, the Grantor has caused this conveyance to be executed the day and year first above written.

Anthony C. McCarley
Anthony C. McCarley

STATE OF CALIFORNIA)

COUNTY OF Tulare)

) SS.

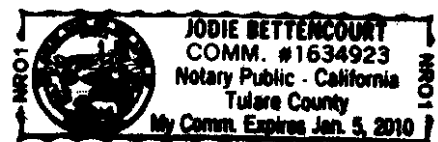
On **February 15, 2006** before me, **Jodie Bettencourt**, Notary Public,

Personally appeared **Anthony C. McCarley**

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.

WITNESS my hand and official seal

204504



Signature

MAIL TAX STATEMENTS AS DIRECTED ABOVE

BOOK 435 PAGE 090

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 2-012-05
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#:	_____
Book:	_____ Page: _____
Date of Recording:	_____
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: \$ 0

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
b. Explain Reason for Exemption: father to daughter

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 Stacy McCarley Capacity Grantee
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Anthony McCarley
Address: Care of P.O. Box 3215
City: Sparks NV
State: _____ Zip: 89432

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Stacy McCarley
Address: P.O. Box 3215
City: Sparks, NV
State: _____ Zip: 89542

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)