

GRANT, BARGAIN, and SALE DEED

APN: 001-143-03

BOOK 442 PAGE 239
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
John Miles
2006 SEP 15 PM 1:26
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 14.00

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: John D. & Ann Miles
Address: P.O. Box 501
City/State/Zip: Silver City, NV 89428

206158

THIS INDENTURE WITNESS That the GRANTOR(S): JOE McCAFFREY and SYLVIA McCAFFREY & TONYA WILSON, parents & child and in consideration of Ten and no/100-----Dollars (\$ 10.00) the receipt of which is hereby acknowledged, do hereby GRANT, BARGAIN, SALE AND CONVEY to GRANTEE(S): JOHN D. MILES & ANN MILES, husband & wife as joint/tenants whose address is (if applicable): 620 West McCoy Street, 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) Lot 3 of Block A of the Ruby Hill Estates; Townsite of Eureka, State of Nevada, as per map filed in the Eureka County, Nevada Records Office, File #98941, excepting and reserving, however to the United States, pursuant of the provisions of the Act of August 1, 1946 all uranium, thorium, or any other material.

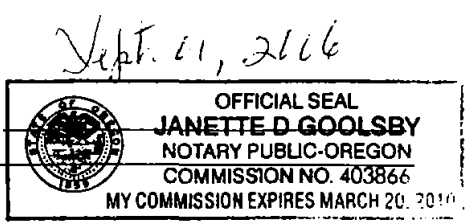
Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on _____.

<u>Joe McCaffrey</u> Signature of Grantor	<u>Sylvia McCaffrey</u> Signature of Grantor
<u>Joe McCaffrey</u> Print or type name here	<u>Tonya Wilson</u> Print or type name here
	<u>Sylvia McCaffrey</u> Print or type name here

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) _____

By (person(s) appearing before notary public) Janette D. Goolsby
Notary Public
My Commission expires: March 10, 2010



(Notary Stamp)

206158

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 001-143-03
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 2016158
Book: 442 Page: 239
Date of Recording: September 15, 2016
Notes: _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" 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) \$ 50,000
Transfer Tax Value: \$ 50,000
Real Property Transfer Tax Due: \$ 195.00

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: _____ Capacity: Buyer
Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: John T Ann Miles
Address: P.O. Box 501
City: Silver City
State: NV Zip: 89428

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)