

# GRANT, BARGAIN, and SALE DEED

BOOK 442 PAGE 239  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
John Miles  
2006 SEP 15 PM 1:26

APN: 001-143-03

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

**206158**

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>John D. &amp; Ann Miles</u>
Address: <u>P.O. Box 501</u>
City/State/Zip: <u>Silver City, NV 89428</u>

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 Recorders 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 \_\_\_\_\_.

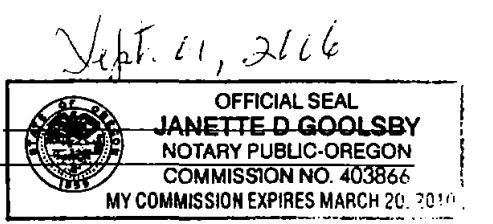
Joe McCaffrey  
Signature of Grantor  
JOE McCAFFREY  
Print or type name here

Sylvia McCaffrey  
Signature of Grantor  
TONYA WILSON  
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

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	206158
Book:	442
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Date of Recording:	September 15, 06
Notes:	

**1. Assessor Parcel Number (s)**

- a) 001-143-03
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**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 [Signature] Capacity Buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

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

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

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

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

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