

A.P. # 002-058-03  
File #000572-NV006-06

When recorded mail to:  
AZ Land Research, LLC  
10000 N. 31<sup>st</sup> Ave. Suite C-302  
Phoenix, AZ 85051

Send property tax statements to:  
AZ Land Research, LLC

BOOK 442 PAGE 007-008  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Orbit Investments*  
2006 SEP 27 PM 1:14

EUREKA COUNTY, NEVADA  
M.H. REBALEATI, RECORDER  
FILE NO. 206251  
FEES 15.00

**GRANT, BARGAIN AND SALE DEED**

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

**Norman O. Kalland and Fern J. Kalland, his wife**

Do(es) hereby GRANT to

**AZ Land Research, LLC**

the real property situate in the County of Eureka, State of Nevada, described as follows:

See exhibit "A" Attached

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*Norman O. Kalland*  
Norman O. Kalland

*Fern J. Kalland*  
Fern J. Kalland

State of Wisconsin

County of Dane

On 8/28/06 before me, GWEN A. QUAM  
(NAME/ NOTARY PUBLIC)

personally appeared Norman O. Kalland and Fern J. Kalland 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.

**SEAL  
Affixed**

*Gwen A. Quam*  
Signature (NOTARY PUBLIC)  
Comm. Exp 7/6/08

**EXHIBIT "A"**

**Legal Description:**

Lot 4 of Block 27 of CRESCENT VALLEY RANCH & FARMS, Unit No. 1 as per map  
recorded in said County as File No. 34081

**A.P.N.:** 002-058-03

COPY

**206251**

BOOK 443 PAGE 008

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

- a) 002-058-03  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

2. Type of Property:

- a) ☒ Vacant Land b) ☐ Single Fam. Res.  
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex  
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l  
g) ☐ Agricultural h) ☐ Mobile Home  
i) ☐ Other \_\_\_\_\_

**FOR RECORDERS OPTIONAL USE ONLY**

DOCUMENT/INSTRUMENT #: 206251  
BOOK 442 PAGE 007-008  
DATE OF RECORDING: 9-27-06  
NOTES: \_\_\_\_\_

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 1500.00  
( \_\_\_\_\_ )  
\$ 1500.00  
\$ 5.85

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 parties agree that 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 Norman A. Kalland Capacity Seller  
Signature \_\_\_\_\_ Capacity Buyer

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Norman Kalland  
Address: 233 Veterans Rd.  
City: Stoughton  
State: WI Zip: 53589

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: AZ Land Research, LLC  
Address: 10000 N. 31 Ave. #C302  
City: Phoenix  
State: AZ Zip: 85339

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/MICROFILMED)