DOC # 0211408

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Official Record

Recording requested By REESE INVESTMENT PROPERTIES INC

Eureka County - NV Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2 RPTT: \$19.50 Recorded By: FES Book- 0468 Page- 0001



APN: 005-420-28

Recording requested by:
Reese Investment Properties Inc.
4623 East Colley Rd.
Beloit WI. 53511

and when recorded, please return this deed and tax statements to:

James M. Hilliard

109 Arch Street

Holliston MA, 01746

Above reserved for official use only

GRANT, BARGAIN, SALE DEED

Assessor's Parcel Number for Conveyed Property: 005-420-28

THE GRANTOR: Reese Investment Properties Inc. whose address is 4623 East Colley Rd. City of Beloit, State of Wisconsin FOR A VALUABLE CONSIDERATION, in the amount of \$4,551.00 in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby GRANTS, BARGAINS, SELLS and WARRANTS to: James M. Hilliard whose address is: 109 Arch Street. City of: Holliston, State of Massachusetts all right, title, interest and claim to the following real estate in the County of Eureka, State of Nevada with the following legal description: APN: 005-420-28

LEGAL DESCRIPTION: THE SOUTHEAST QUARTER OF LOT 1, IN SECTION 1, TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B. & M., IN EUREKA COUNTY, NEVADA. NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MARCH 22, 1979 IN BOOK: 69 PAGE 368, AS INSTRUMENT NO. 67967.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever IN FEE SIMPLE; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any part thereof.

EXECUTED this b day of NOVENBENL, 2007 Jeffery A Reese, President: Reese Investment Properties Inc. Type or print name	
State of Wisconsin County of Ss	
This instrument was acknowledged before me on, 20 07 , by, by	ffery .
(Seal) KATHY HIRSCH NOTARY PUBLIC STATE OF WISCONSIN Printed Name of N My commission expires on	لل_
My commission expires on	
NAME & ADDRESS OF PREPARER (if property description is given in metes and bounds, and no previous deed has been recorded with that description):	

DOC # DV-211408

STATE OF NEVADA	
DECLARATION OF VALUE FORM	Recording requested By REESE INVESTMENT PROPERTIES INC
1. Assessor Parcel Number(s)	Eureka County - NV
a. 005-420-28	- 1
b	Mike Rebaleati – Recorder
c	Page 1 of 1 Fee: \$15.00
d	Recorded By: FES RPTT: \$19.50 Book- 0468 Page- 0001
2. Type of Property:	
a. Vacant Land b. Single Fam. R	
c. Condo/Twnhse d. 2-4 Plex	Book:Page:
e. Apt. Bldg f. Comm'l/Ind'l	Date of Recording:
g. Agricultural h. Mobile Home Other	Notes:
3. a. Total Value/Sales Price of Property	\$ 4,551.00
b. Deed in Lieu of Foreclosure Only (value of	property) (
c. Transfer Tax Value:	\$ 4,551.00
d. Real Property Transfer Tax Due	\$ 19.50
4. If Exemption Claimed:	
a. Transfer Tax Exemption per NRS 375.090,	Section
b. Explain Reason for Exemption:	
5. Partial Interest: Percentage being transferred: 1	00.00 %
The undersigned declares and acknowledge:	
NRS 375.060 and NRS 375.110, that the informatic	on provided is correct to the best of their
information and belief, and can be supported by do	
information provided herein. Furthermore, the part	
exemption, or other determination of additional tax	
due plus interest at 1% per month. Pursuant to NRS	S 375.030, the Buyer and Seller shall be
jointly and severally liable for any additional amou	
1/1/ Xmm 2 -	\ \
Signature	Capacity Grantor
Signature	Capacity Grantee
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: Reese Investment Properties Inc.	Print Name: James M. Hilliard
Address: 4623 East Colley Rd.	Address: 109 Arch Street
City: Beloit	City: Holliston
State: Wisconsin Zip: 53511	State: MA Zip: 01746
<u> </u>	
COMPANY/PERSON REQUESTING RECORD	
Print Name:	Escrow #:
Address	

State:_____Zip:___

City: