

# GRANT, BARGAIN, and SALE DEED

APN: 07-398-05, 07-398-06, 07-398-08

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Jack A. + Amber L. Wheelchel  
Address: 1489 Ridge Dr.  
City/State/Zip: Camano Island, Wa. 98282

DOC # 0211774

04/14/2008

09:41 AM

Official Record

Recording requested By  
RAMONA WHELCHER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$99.45

Recorded By: FS

Book- 0472 Page- 0009



0211774

THIS INDENTURE WITNESS That the GRANTOR(S): Jack and  
Romona Wheelchel for and in consideration of  
Zero Dollars (\$ 0) the receipt of which is hereby

acknowledged, do hereby GRANT, BARGAIN, SALE AND CONVEY to GRANTEE(S):

Jack Aaron and Amber Lynn Wheelchel whose address is  
(if applicable): \_\_\_\_\_, situate in

the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description) Lots E4-1, E4-2, E4-3 and E4-4  
of map File # 172492

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

Jack Wheelchel  
Signature of Grantor

Romona Wheelchel  
Signature of Grantor

Jack Wheelchel  
Print or type name here

Romona Wheelchel  
Print or type name here

STATE OF NEVADA )

COUNTY OF EUREKA Elko)

This instrument was acknowledged before me on (date) April 7, 2008

By (person(s) appearing before notary public) Jack and Romona Wheelchel

Rena M. McConnell  
Notary Public

My Commission expires: April 30, 2011



RENAE MCCONNELL  
Notary Public - State of Nevada  
Appointment Recorded in Elko County  
Notary Stamp  
No: 03-61541-6 - Expires April 30, 2011

STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-211774

04/14/2008

09:41 AM

Official Record

FOR RE

Docum:

Book:

Date of

Notes:

Recording requested By  
RAMONA WHELCHER

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00  
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1. Assessor Parcel Number (s)

- a) 07-398-05  
b) 07-398-06  
c) 07-398-08  
d) \_\_\_\_\_

2. Type of Property:

- |                             |              |  |                 |
|-----------------------------|--------------|--|-----------------|
| a) <input 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 checked="" 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:

\$ 50,625

\$

\$

\$ 99.45

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section:

b. Explain Reason for Exemption:

#5

Parents to Son and wife

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 Ramona W. Helcher Capacity Seller  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Ramona W. Helcher  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

BUYER (GRANTEE) INFORMATION

(REQUIRED)

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

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)