

# JOINT TENANCY DEED

APN: 005-260-74

DOC # **0214363**

12/18/2009

03:03 PM

**Official Record**

Recording requested By  
JEFFREY A LYNN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

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RPTT:

Recorded By: FES

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RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Anthony Cox  
Address: 7035 S.E. Tenino  
City/State/Zip: Portland OR 97206



0214363

THIS INDENTURE made this 18 day of December, 2009, by and between  
Jeffrey A. LYNN hereinafter referred to as Grantor(s), and  
Anthony Cox, JEFFREY A. LYNN hereinafter referred to as Grantees,  
whose address is (if applicable): 7035 E. Tenino, situate in the  
City of Portland, County of \_\_\_\_\_, State of Oregon.

## WITNESSETH:

For valuable consideration received, Grantor(s) does by these presents grant, bargain and sell unto said Grantees as joint tenants with rights of survivorship and not as tenants in common, and their assigns and heirs and assigns of the survivor forever, all that certain real property situate in the County of EUREKA, State of Nevada that is described as follows:

(Set forth legal description)

T 30 N R 49 E Sec. 1  
NW 1/4 NW 1/4

SUBJECT TO taxes for the present fiscal year, and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and right of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances there-unto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issue and profits thereof.

TO HAVE AND TO HOLD said premises, together with the appurtenances, unto said Grantee as joint tenants with rights of survivorship and not as tenants in common and their assigns and the heirs and assigns of the survivor forever.

IN WITNESS WHEREOF, Grantor(s) has caused this conveyance to be executed the day and year first above written.

Signature of Grantor

Signature of Grantor

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) December 18, 2009

By (person(s) appearing before notary public) Jeffrey A. LYNN

Notary Public

My Commission expires: 7/17/2012



**SARA G. SIMMONS**  
NOTARY PUBLIC, STATE OF NEVADA  
EUREKA COUNTY • NEVADA  
CERTIFICATE # 07-00003  
APPT. EXP. JULY 17, 2012

STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-214363

12/18/2009

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Official Record

1. Assessor Parcel Number (s)

a) 005-260-74  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR REC

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Book:

Date of R

Notes:

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Page 1 of 1 Fee: \$14.00

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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

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 8991

\$

\$

\$

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 9

b. Explain Reason for Exemption:

SON

Transferred to an Adopted

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 Jeffrey A. Lynn Capacity SELLER  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: JEFFREY A. LYNN  
Address: HC 34 BOX 575  
City: ELY  
State: NV Zip: 89301

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Anthony Cox  
Address: 7035 S.E. Tenino  
City: Portland  
State: OR Zip: 97206

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)