

APN: 005-040-36
Recording requested by and mail documents and tax statements to:

Name: EDWARD B. DILLEY SR.
Address: PO box 21175
City/State/Zip: Eureka/NV/89801

DED130
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DOC # 0219405

01/09/2012 10:31 AM

Official Record
Recording requested by
EDWARD B DILLEY SR

Eureka County - NV
Mike Rebaleati - Recorder
Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: FES
Book- 527 Page- 0204



TRANSFER ON DEATH DEED

THIS INDENTURE WITNESS that I/We, Edward B. Dilley SR

(hereinafter called Grantor(s), hereby convey to: EDWARD B. DILLEY JR

(hereinafter called Grantee(s), only effective on my/our death, the following described real property situated in the City of _____, County of EUREKA

State of Nevada, bounded and described as follows: (Set forth legal description and commonly known address). T31N, R48E SEC 21 N2NE4S W4

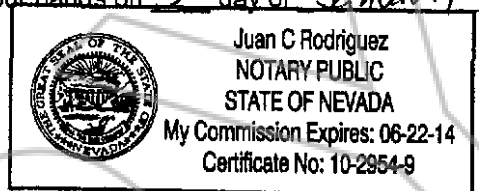
THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR WHICH CONVEY THE SAME REAL PROPERTY PURSUANT TO SUBSECTION 1 OF NRS 111.109 REGARDLESS OF WHETHER THE PRIOR DEEDS FAILED TO CONVEY THE GRANTOR'S ENTIRE INTEREST IN THE SAME REAL PROPERTY.

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

Subject to current taxes and other assessments, reservations in patents and all easements, rights-of-way, encumbrances, liens, covenants, conditions, restrictions, obligations and liabilities as may appear on record. Grantor(s) warrant(s) the title against all persons whomsoever. Pursuant to NRS 111.109, this deed becomes effective on the date of the death of the last surviving owner.

Together with all 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 5 day of January, 2011.



Edward B. Dilley SR
Signature of Grantor

Signature of Grantor

EDWARD B. DILLEY SR
Print or Type Name Here

Print or Type Name Here

STATE OF Nevada)
COUNTY OF ELKO)
On this 5 day of January, 20 11, personally appeared
before me, a Notary Public, EDWARD B. DILLEY SR

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Juan C Rodriguez
Notary Public
My commission expires: 6-22-14
Consult an attorney if you doubt this forms fitness for your purpose.

**State of Nevada
Declaration of Value**

DOC # DV-219405

01/09/2012 10:31 AM

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Page 1 of 1 Fee: \$15.00
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1. **Assessor Parcel Number(s)**
a) 005-040-36
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 _____

3. **Total Value/Sales Price of Property:** \$ _____
Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value per NRS 375.010, Section 2: \$ _____
Real Property Transfer Tax Due: \$ _____

4. **If Exemption Claimed:**
a. Transfer Tax Exemption, per NRS 375.090, Section: #10 Exemption
b. Explain Reason for Exemption: TRANSFER PROPERTY TO MY SON UPON MY DEATH

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 Edward B Dilley Capacity Grantor
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: EDWARD B. DILLEY SR
Address: PO BOX 21175
City: CRESCENT VALLEY
State: NV Zip: 89821

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: EDWARD B. DILLEY JR
Address: PO BOX 21175
City: CRESCENT VALLEY
State: NV Zip: 89821

COMPANY REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____