JOINT TENANCY DEED

| we | DOC # 6713469 |
|---|--|
| APN: 001-195-03,001-20102 | Official Recor Recording requested By CAROLYN ROWLEY |
| Name: ANThony J Rowlet | Eureka County - NV Mike Rebaleati - Recorder Fee: \$14.00 Page 1 of 1 RPTT: \$85.80 Recorded By: FES Book- 527 Page- 0209 |
| Address: box 39 / City/State/Zip: Eureka NU 893/6 | 0219408 |
| THIS INDENTURE made this day of Jan ANTHONY J ROWLEY here ANTHONY J ROWLEY CAROLYN R. ROWLE whose address is (if applicable): 301 Well ST City of Koreka, County of Eureka, St WITNESSETH: | einafter referred to as Grantor(s), and electrical elec |
| For valuable consideration received, Grantor(s) does by these presents grajoint tenants with rights of survivorship and not as tenants in common, and survivor forever, all that certain real property situate in the County of Extends is described as follows: (Set forth legal description) Lot 6 Block 29 Town SITE | their assigns and heirs and assigns of the NEKA, State of NEVADA |
| SUBJECT TO taxes for the present fiscal year, and subsequently, co exceptions and reservations, easements, encumbrances, leases or lice record, if any. TOGETHER WITH the tenements, hereditaments and appurtenance appertaining and the reversion and reversions, remainder and remain | venants, conditions, restrictions, nses, rights and right of way of sthere-unto belonging or |
| TO HAVE AND TO HOLD said premises, together with the appurtenan rights of survivorship and not as tenants in common and their assigns and forever. IN WITNESS WHEREOF, Grantor(s) has caused this conveyance to be written. | ces, unto said Grantee as joint tenants with the heirs and assigns of the survivor |
| Signature of Grantol Signature | of Grantor |
| STATE OF NEVADA COUNTY OF EUREKA This instrument was acknowledged before me on (date) By (person(s)) appearing before notary public) Rum | grung 9, 20/2 |
| Notary Public My Commission expires: 2/3/15 | CHERISSE A HAYWARD MOTARY PUBLIC STATE OF NEVADA My Commission Express (2005) 15 |
| | |

DOC # 0219408

STATE OF NEVADA DECLARATION OF VALUE

| 1. Assessor F | Parcel Number (s) | | POR RECO | /Inst 01/09 | H DV-Z134(|
|--|--|---------------------------------------|--|---|---------------------------------------|
| a) 001-19 | 5-03 00 | 1-187-01 | Book; | Offi | cial Reco |
| b)00172 | 201-02 | | Date of Re | | equested By |
| c) | | • | Notes: | CAROLYN RO | YLEY |
| d) | | · • | <u> </u> | Fur | eka County – NV |
| | | | <u> </u> | | aleati - Recorder |
| Type of Pr | | | | | \ \ |
| a) 🔯 | Vacant Land | | le Fam Res. | | 1 Fee: \$14.00 - FES RPTT: \$85.80 |
| <u> </u> | Condo/Twnhse | , | Plex nm'l/Ind'i | Recorded By Book-527 | Page- 0209 |
| e) (| Apt. Bidg. Agricultural | , <u> </u> | ile Home | | rage- 0203 |
| y/ | Other | " _ " | iii Tionia | | |
| , <u> </u> | | | | | |
| 3. Total Vale | ue/Sales Price of | Property: | \$, 2 | 2763 | - \ |
| | eu of Foreclosure C | • - | perty) \$. | | |
| Transfer Ta | | 7 () | \$ | | |
| • • • • • • • • • • | erty Transfer Tax Du | ie. | | 580 | |
| rtear riope | ity Italiaici Tax Di | 101 | <u>~</u> | 2 0 | |
| 4. If Exempt | ion Claimed | | | 1 1 | , |
| | ifer Tax Exemption, p | ar NRS 375 090 | Section: |) | |
| | in Reason for Exemp | | DCGB011. | // | ··· |
| D. Expla | in reason to exemp | | -//- | -// | |
| | | | | / / / | |
| belief, and car provided here | .110, that the inform n be supported by c in. Furthermore, th | documentation if ne disallowance o | called upon to s of any claimed ex | ubstantiate the inf kemption, or other | ormation determination |
| of additional t | ax due, may result | in a penalty of 10 | 0% of the tax due | e plus interest at 1 | % per month. |
| Pursuant to | NRS 375.030, the I | 3uyer and Selle | r shall be jointly | y and severally li | able for any |
| | nount owed. | - | | | |
| Signature | V | n. O. | | apacity Sel | V. |
| J | (Mollons) | lowery | 7 7 | | |
| Signature_ | | | / | apacity | |
| | | | | | |
| | * | | | | |
| SELLER (C | GRANTOR) INFO | RMATION | BUYER (C | GRANTEE) INFO | ORMATION |
| | GRANTOR) INFO | DRMATION | | SRANTEE) INF | ORMATION |
| | (REQUIRED) | 1 | (F | EQUIRED) | |
| Print Name: | (REQUIRED) ANTHONY | 1 | / Print Name: | ANTHONY | ROULEY |
| Print Name: Address: | (REQUIRED) ANTHONU BOX 39 | 1 | / Print Name: Address: | ANTHONY 3 | |
| Print Name: Address: City: | (REQUIRED) ANTHONU BOX39 CURCLO | ROULGY | / Print Name: Address: City: | ANTHORY 3 BOX 39 EUGE RA | ROULEY |
| Print Name: Address: | (REQUIRED) ANTHONU BOX 39 | 1 | / Print Name: Address: | ANTHONY 3 | |
| Print Name: Address: City: State: | (REQUIRED) ANTHONU BOX39 EUrcky NV Zip: | 89316 | / Print Name: Address: City: State: | ANTHORY 3 BOX 39 EUGE RA | ROULEY |
| Print Name: Address: City: State: | (REQUIRED) ANTHONU BOX 39 EUrck NU Zip: (IPERSON REQ | 89316 UESTING RE | / Print Name: Address: City: State: | ANTHORY 3 BOX 39 EUGE RA | ROULEY |
| Print Name: Address: City: State: COMPANY | (REQUIRED) ANTHONO BOA39 OUTCLE NO Zip: (IPERSON REQUIRED) NOT THE SELLER OR BL | 89316 UESTING RE | / Print Name: Address: City: State: | ANTHORY 3 LOX 39 EUCO EA NU Zip: | ROULEY |
| Print Name: Address: City: State: | (REQUIRED) ANTHONO BOA39 OUTCLE NO Zip: (IPERSON REQUIRED) NOT THE SELLER OR BL | 89316 UESTING RE | / Print Name: Address: City: State: | ANTHORY 3 BOX 39 EUGE RA | ROULEY |
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(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)