

Official Record

Recording requested By
ROBERT & JUDY COSTA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: \$39.00 Recorded By: FES
Book- 533 Page- 0129

APN# 002-024-04
Recording Requested by:
Name: Robert J Costa & Judy J Costa
Address: P.O. Box 211199
City/State/Zip: Crescent Valley, NV 89821



Mail Tax Statements to:
Name: Robert J Costa & Judy J Costa
Address: P.O. Box 211199
City/State/Zip: Crescent Valley, NV 89821

Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law:

Judy J Costa
Signature (Print name under signature) Title
Judy J COSTA

GRANT BARGAIN & SALE DEED
(Insert Title of Document Above)

Only use the following section if one item applies to your document

This document is being re-recorded to _____

-OR-

This document is being recorded to correct document # _____, and is correcting _____

If legal description is a metes & bounds description, furnish the following information:

Legal description obtained from _____ (Document Title), Book _____
Page _____ Document # _____ recorded _____ (date) in the
Eureka County Recorder's Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fee applies)

**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-220656

06/21/2012 09:17 AM

Official Record

1. Assessor Parcel Number (s)

- a) 002-024-04
- b) _____
- c) _____
- d) _____

FOR RECOR

Document/In

Book: _____

Date of Recd: _____

Notes: _____

Recording requested By
ROBERT & JUDY COSTA

**Eureka County - NV
Mike Rebaleati - Recorder**

Page 1 of 1 Fee: \$15.00
Recorded By: FE5 RPTT: \$39.00
Book- 533 Page- 0129

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" 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 type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Price of Property:

\$ 10000.10
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 39.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
- b. Explain Reason for Exemption: _____

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 Judy & Robert Costa Capacity Buyer
 Signature Robert J Costa Capacity Buyer

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Betty Karmbs
 Address: P.O. Box 211030
 City: Crescent Valley
 State: NV Zip: 89821

(REQUIRED)
 Print Name: Judy & Robert Costa
 Address: P.O. Box 211199
 City: Crescent Valley
 State: NV Zip: 89821

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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