

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  
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Mike Rebaleati - Recorder**

Page 1 of 1 Fee: \$15.00

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**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: \_\_\_\_\_