

DOC # 0223626

01/02/2013

01:54 PM

**Official Record**

Recording requested By  
JOSE SALAZAR

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

Book- 546 Page- 0187

AP#: 003-186-01,  
Lot 11 & Lot 12

Recording requested by:  
Ron Jones

and when recorded, please return this deed  
and tax statements to:

Jose G. Salazar  
11784 Lucena Ave  
Fontana, CA 92337



0223626

Above reserved for official use only

**SPECIAL WARRANTY DEED**

Assessor's Parcel Number for Conveyed Property: 003-186-01, Lot 11 & Lot 12.

THE GRANTOR for A VALUABLE CONSIDERATION, in the amount of Ten Dollars in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby GRANTS, BARGAINS and SELLS to Jose G. Salazar, all right, title, interest and claim to the following real estate in the County of Eureka, State of Nevada with the following legal description:

*Township 29 North, Range 48 East, MDB&M  
Section 15: Nevelco Unit #1, Lot 11 & Lot 12*

TO HAVE AND TO HOLD all of Grantor's right, title and interest, excepting the geothermal rights to remain with Grantor, in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever IN FEE SIMPLE.

TOGETHER with all tenements, hereditaments and appurtenances, belonging or appertaining, to the above described property.

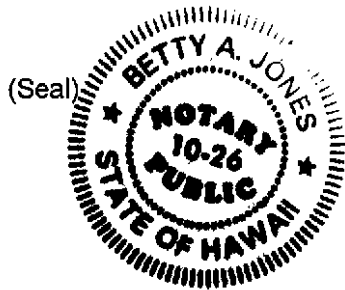
EXECUTED this day of December 17, 2012

Ron Jones  
Grantor

State of Hawaii )  
County of Honolulu ) ss

This instrument was acknowledged before me on December 17, 2012,

by Ron Jones



Betty A. Jones  
Signature of Notary Public

Betty A. Jones  
Printed Name of Notary

My commission expires on February 07, 2012.



Doc. Date: 12/17/2012 #.Pages: 2

Notary Name: Betty A. Jones First Circuit

Doc. Description: Warrenty Deed

Betty A. Jones 12/17/2012  
Notary Signature Date

NOTARY CERTIFICATION



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STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-223626

01/02/2013

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Official Record

1. Assessor Parcel Number (s)

a) 003-186-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

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:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 13,000 adjusted final price  
\$ n/a  
\$   
\$ paid previously - doc 201191  
book 424, page 40-44  
(see attached form)

4. If Exemption Claimed:

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

b. Explain Reason for Exemption:

n/a  
n/a  
n/a

5. Partial Interest: Percentage being transferred: 100 %

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 Ron Jones Capacity SELLER

Signature Jose Salazar Capacity BUYER

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: RON JONES  
Address: 310 CALIF AVE 690  
City: RENO  
State: NV Zip: 89509

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: JOSE G. SALAZAR  
Address: 11784 LUCENA AVE  
City: FONTANA  
State: CA Zip: 92337

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: n/a Escrow # n/a  
Address: n/a  
City: n/a State: n/a Zip: n/a

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

a) 003-186-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 201191  
Book: 424 Page: 40-44  
Date of Recording: 10-6-05  
Notes: \_\_\_\_\_

## 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:

Deed in Lieu of Foreclosure Only (value of property) \$

Transfer Tax Value: \$

Real Property Transfer Tax Due: \$

\$ 25,000.00

\$

\$

\$ 97.50

## 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.

*Subject real property not being transferred at this time.*  
Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature R. Jones Capacity owner  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Ron Jones  
Address: 316 Calif ave 690  
City: Reno  
State: NV Zip: 89509

## BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Jose Salazar  
Address: P.O. Box 802  
City: Santa Ana  
State: CA Zip: 92702

## 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)