

GRANT, BARGAIN, and SALE DEED

PARCEL F WEST HALF OF
APN: 007-395-14
007-395-25

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: CHRISTOPHER SCHIAPPA
Address: 19160 GOLD CREEK TRAIL
City/State/Zip: VOLCANO, CA. 95689

DOC # 0224625

07/18/2013

01:00 PM

Official Record

Recording requested By
CHRISTOPHER SCHIAPPA

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$111.15

Recorded By: FES

Book- 552 Page- 0065



0224625

THIS INDENTURE WITNESS That the GRANTOR(S): SALVATORE J. GRASSO
AND BETTY A. GRASSO for and in consideration of
TWENTY-EIGHT THOUSAND
FIVE HUNDRED Dollars (\$28,500--) the receipt of which is hereby
acknowledged, do hereby GRANT, BARGAIN, SALE AND CONVEY to GRANTEE(S):
CHRISTOPHER J. SCHIAPPA whose address is
(if applicable): 19160 GOLD CREEK TRAIL, situate in
the City of VOLCANO, County of AMADOR, State of CALIFORNIA
All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description)

CREATED FROM SPLIT OF PARCEL # 007-395-14
PARCEL F OF LOT 3 PARCEL B
MAP FILE # 120754
APN ~~A~~ 007-395-25 NOW

Together with all and 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 _____

Betty Ann Grasso
Signature of Grantor

Salvatore Grasso
Signature of Grantor

Betty Ann Grasso
Print or type name here

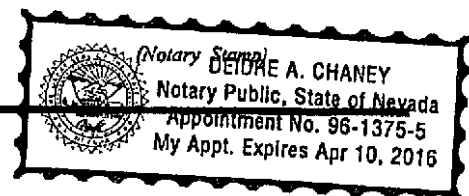
SALVATORE GRASSO
Print or type name here

STATE OF NEVADA)
 Douglas)
COUNTY OF ~~EUREKA~~)

This instrument was acknowledged before me on (date) July 16, 2013
By (person(s) appearing before notary public) Salvatore J. Grasso and

Deidre Chaney Betty Ann Grasso
Notary Public

My Commission expires: 04-10-2016



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-224625

07/18/2013

01:00 PM

Official Record

1. Assessor Parcel Number (s)

- a) PARCEL F, WEST HALF OF
b) 007-395-14
c) NOW 007-395-25
d) _____

FOR RECORD

Document/In:

Book:

Date of Rec:

Notes:

Recording requested By
CHRISTOPHER SCHIAPPA

Eureka County - NV

Mike Rebaleati - Recorder

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 | | |

Page 1 of 1 Fee: \$14.00
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3. Total Value/Sales Price of Property:

\$ 28,500.00

Deed in Lieu of Foreclosure Only (value of property)

\$ _____

Transfer Tax Value:

\$ _____

Real Property Transfer Tax Due:

\$ 111.15

4. If Exemption Claimed:

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

b. Explain Reason for Exemption: _____

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 Chris Schiappa

Capacity Grantor

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

GRASSO

Print Name: SALVATORE & BETTY
Address: P.O. BOX 2025
City: MINDEN
State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: CHRISTOPHER J. SCHIAPPA
Address: 19160 GOLD CREEK TRAIL
City: VOLCANO
State: CA Zip: 95689

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)