



FOR REC  
Declarer  
Book  
Date of F  
Notes

DOC # DV-224696

08/15/2013 11:22 AM

Official Record

Recording requested By  
SANDY SP00

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00  
Recorded By: FES RPTT: \$3.90  
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1. Assessor Parcel Number (s)  
a) 002-038-29  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

2. Type of Property:  
a)  Vacant Land      b)  Single Fam Res  
c)  Condo/Townhse      d)  2-4 Plex  
e)  Apt. Bldg.      f)  Comm/Indl  
g)  Agricultural      h)  Mobile Home  
i)  Other

3. Total Value/Sales Price of Property: \$ 1,000  
Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 3.90

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 \_\_\_\_\_ Capacity Seller  
Signature Kathleen Ekberg-Wright Capacity Seller

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)  
Print Name: Steven + Kathleen Ekberg  
Address: 456 South 6th  
City: Elko  
State: NV Zip: 89801

(REQUIRED)  
Print Name: Sandy Spoot + Ricardo Fernandez  
Address: 548 5th St  
City: Crescent Valley, NV 89821  
State: NV Zip: 89821

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)  
Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_