

Quit Claim Deed

APN: 3-103-02

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Mark & Jennifer Sharkozy
HC 66 Box 15
Crescent Valley, NV 89821

DOC # 0229214

03/20/2015

11:21 AM

Official Record

Recording requested By
MARK SHARKOZY

Eureka County - NV
Sara Simmons - Recorder

Fee: \$15.00

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RPTT: \$29.25

Recorded By: LH

Book- 577 Page- 0334

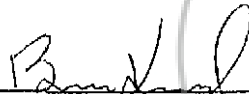



0229214

THIS INDENTURE WITNESS That the GRANTORS: Bruce Kochler and Mark Kochler for and in consideration of the sum of seven thousand five hundred dollars (\$7,500.00) do hereby QUIT CLAIM the right, title and interest, if any, which GRANTORS may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEES: Mark Sharkozy and Jennifer Sharkozy whose address is 357 N 10th Street, situated in the City of Crescent Valley, County of Eureka, State of Nevada. All that certain property in the County of Eureka, State of Nevada, bounded and described as follows:

Township 30 North, Range 48 East, M.D.B. & M. Section 21, Lot 3, Block 15, Crescent Valley Ranch and Farm, Unit #4, containing 4.77 acres, more or less.

Together with all and singular hereditaments and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, We have hereunto set our hands on November 5, 2014.


Bruce Kochler


Mark Kochler

SEE ATTACHED
NOTARIAL CERTIFICATE

 11/6/14

ACKNOWLEDGMENT

State of California
County of Santa Barbara

On November 6, 2014 before me, A. Henderson, Notary Public
(insert name and title of the officer)

personally appeared Bruce Koehler and Mark Koehler
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are
subscribed to the within instrument and acknowledged to me that ~~he/she~~ they executed the same in
~~his/her~~ their authorized capacity(ies), and that by ~~his/her~~ their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

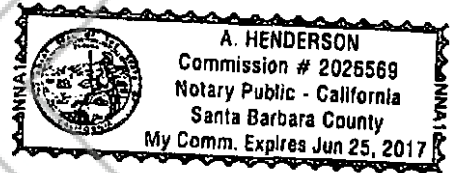
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



This certificate is attached to a Quit Claim
Deed, one page, dated 11/5/14.
ACH



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STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 003-103-02
b) _____
c) _____
d) _____

2. Type of Property:

a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 7500.00

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

Transfer Tax Value: \$ 7500.00

Real Property Transfer Tax Due \$ 29.25

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 parties agree that 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 Bruce Koehler Capacity Seller

Signature Jennifer Sharkozy Capacity buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Bruce Koehler
Address: 226 Whelan Crt.
City: Santa Barbara
State: CA Zip: 93103

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Jennifer Sharkozy
Address: HC 46 Box 15
City: Crescent Valley
State: NV Zip: 89421

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

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

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED