

DOC # 0229248

04/13/2015

12:58 PM

Official Record

Recording requested By
LONNIE SUPANCHICK

Eureka County - NV

Sara Simmons - Recorder

Fee: \$15.00

Page 1 of 2

RPTT: \$21.45

Recorded By: LH

Book- 578 Page- 0027



0229248

APN: 02-036-05
Recording requested by and mail documents and
tax statements to:

Name: Lonnie J Supanchick

Address: 371 3rd ST

City/State/Zip: CRESCENT VALLEY, NV
89821

DED106

Nevada Legal Forms & Books, Inc. (702) 870-8877

www.legalformsrus.com

RPTT: GRANT, BARGAIN, and SALE DEED

THIS INDENTURE WITNESS that Cindy K. Manuel

(hereinafter called GRANTOR(S)) in consideration of Fifty Five Hundred
dollars \$ 5500.00 the receipt of which is hereby acknowledged, do hereby GRANT,
BARGAIN, SALE and CONVEY to: Lonnie J. Supanchick

(hereinafter called GRANTEE(S)) all that real property situated in the City of Crescent Valley
County of Eureka State of Nevada

bounded and described as follows: (Set forth legal description and commonly known address)

Lot 5 of Block 14 of CRESCENT VALLEY
RANCH & FARMS, UNIT No. 1, as per map
recorded said County as File No. 34081.
AP# 02-036-05

**WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU
WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER
RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.**

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 13 day of April, 2015

[Signature]
Signature of Grantor

Signature of Grantor

Cindy K. Manuel
Print or Type Name Here

Print or Type Name Here

STATE OF Nevada)
COUNTY OF LANDER)
On this 13 day of APRIL, 2015, personally appeared
before me, a Notary Public, Cindy K. Manuel

☐ personally known to me OR ☐ proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

[Signature]



Notary Public

My commission expires: March 11, 2019

Consult an attorney if you doubt this forms fitness for your purpose.



STATE OF NEVADA
DECLARATION OF VALUE FORM

DOC # DV-229248

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1. Assessor Parcel Number(s)

- a) 02-036-05
b) _____
c) _____
d) _____

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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 _____

Page 1 of 1 Fee: \$15.00
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Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 5500.00

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

Transfer Tax Value: _____

\$ _____

Real Property Transfer Tax Due

\$ _____

21.45

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 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 _____

Capacity _____

Grantor

Signature _____

Capacity _____

GRANTEE

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Cindy Manuel

Address: 203 1965

City: Winnemucca

State: Nevada Zip: 89446

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Lonnie J Supanchick

Address: 371 3rd St

City: CRESCENT VALLEY

State: NV Zip: 89821

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

Print Name: _____

Escrow #: _____

Address: _____

City: _____

State: _____

Zip: _____