

GRANT, BARGAIN, and SALE DEED

APN: 003-042-03

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Michael R. Zaino

Address: 12 Whitcomb Street

City/State/Zip: Haverhill, MA, 01832

DOC # **0229359**

05/12/2015

01:47 PM

Official Record

Recording requested By
MICHAEL ZAINO

Eureka County - NV

Sara Simmons - Recorder

Fee: \$16.00

Page 1 of 3

RPTT: \$11.70

Recorded By: LH

Book- 578 Page- 0321



0229359

THIS INDENTURE WITNESS That the GRANTOR(S): Fern J. Kalland

900 O'Keefe Ave. Apt. 217, Sun Prairie, WI 53590 for and in consideration of

Five Hundred and Seven Dollars (\$ 507) the receipt of which is hereby

acknowledged, do hereby GRANT, BARGAIN, SALE AND CONVEY to GRANTEE(S):

Michael R. Zaino whose address is

(if applicable): 12 Whitcomb Street, situate in

the City of Haverhill, County of Essex, State of MA.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description)

Lot 2 Block 9 of CRESCENT VALLEY RANCH & FARMS, Unit No. 3 as per map recorded in County as File No. 34551.

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 _____.

X Fern J. Kalland
Signature of Grantor

Signature of Grantor

X FERN J. KALLAND

Print or type name here

Print or type name here

~~STATE OF NEVADA~~

WISCONSIN) State of Wisconsin

COUNTY OF ~~EUREKA~~ DANE) County of Dane

This instrument was acknowledged before me on (date) March 24, 2015

By (person(s) appearing before notary public) Fern J. Kalland

Sara Simmons
Notary Public

My Commission expires: Feb 11, 2018



APN: 003-042-03

Recording requested by, and please
send recorded document and
future tax statements to:

Michael R. Zaino

12 Whitcomb St

Haverhill, MA

01832

STATE OF ~~NEVADA~~ ^{WISCONSIN})

COUNTY OF ~~EUREKA~~ ^{Dane})

Affidavit of Death
Pursuant to NRS § 111.365

The affiant, Fern J. Kalland , being first duly sworn, deposes and states that:

1. The affiant is of legal age
2. That Norman O. Kalland , the decedent mentioned in the attached certified certificate of death, who died on June 30, 2013 , in Stoughton, Wisconsin , is the same person as Norman O. Kalland
3. That the affiant and the decedent were both grantees in that certain Quitclaim deed dated August 31, 1976 , recorded on September 22, 1976, as book/page 56/486 or instrument # 62218 in the records of Eureka County, Nevada, and executed by the grantor(s) Owen Arthur Kalland to the grantee(s) Norman O. Kalland and Fern J. Kalland, his wife as community property covering the real property commonly known as 373 Pebble Lane , City of Crescent Valley , County of Eureka , State of Nevada, more particularly described as: Lot 2 of Block 9 of CRESCENT VALLEY RANCH & FARMS, Unit No. 3 as per map recorded in County as File No. 34551.

4. That the relationship between the affiant and the decedent was that of:
Husband and Wife. ^{WISCONSIN}

I declare under penalty of perjury under the law of the State of ~~Nevada~~ ^{WISCONSIN} that the foregoing is true and correct.

In witness whereof, I set my hand this 24 day of March , 2015 .

Fern J. Kalland

Affiant

Fern J. Kalland

Print name

Subscribed and sworn to before me on 24 by Fern J. Kalland



Laura States

Notary Public

Laura States

Notary name



DEPARTMENT OF HEALTH SERVICES
STATE OF WISCONSIN
Lisa Walker
STATE REGISTRAR

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

15183203
Date Issued: APR 02 2015



STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
PARTIAL FACT OF DEATH

1. DECEASENT'S NAME: First, Middle, Last
Norman Owen KALLAND

2. SEX: Male

3. DECEASENT'S SOCIAL SECURITY NO.: [REDACTED]

4. DATE OF BIRTH (Month/Day/Year): September 9, 1921

5. COUNTY OF DEATH: Dane

6. DATE OF DEATH (Month/Day/Year): June 30, 2013

7. TYPE OF DEATH: Natural

8. DEATH CERTIFICATE NO.: 2051

9. DEATH PLACE (City, Village or Township): Sun Prairie

10. DEATH TIME (Hour, Minute, Second): 2255

11. DEATH LOCATION (Indicate City, Village or Township of): Sun Prairie

12. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS: Agrace HospiceCare, 41 Rickell Road, Sun Prairie

13. RESIDENCE PLACE (Indicate City, Village or Township of): Sun Prairie

14. CHECK ONE: ☒ City ☐ Village ☐ Township

15. MARRITAL STATUS: ☒ Married ☐ Never Married ☐ Divorced/Annul ☐ Widowed

16. FATHER'S NAME: First, Middle, Last: Arthur N. Kalland

17. MOTHER'S NAME: First, Middle, Last: Nettie Anderson

18. SURVIVING SPOUSE: First, Middle, Last: Fern Simonson

19. INFORMANT'S NAME: First, Middle, Last: Fern Kalland

20. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of family member, if applicable): Gundersen Funeral Home, 1358 Hwy 51 Stoughton, Wisconsin 53589

21. MEDICAL CERTIFICATION (Check one): ☒ I am a physician and I have examined the body and I have determined the cause of death. ☐ I am a physician and I have examined the body and I have determined the cause of death. ☐ I am a physician and I have examined the body and I have determined the cause of death.

22. MEDICAL CERTIFIER'S NAME AND TITLE: Gregory H. Hoff

23. MEDICAL CERTIFIER'S MAILING ADDRESS (Number, Street, City, State, ZIP): 10 Town D Sun Prairie WI 53590

24. DATE SIGNED BY MEDICAL CERTIFIER (Month/Day/Year): Jul 2, 2013

25. DATE SIGNED BY REGISTRAR (Month/Day/Year): Jul 09, 2013

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-229359

05/12/2015

01:47 PM

Official Record

1. Assessor Parcel Number(s)

a. 003-042-03
b. _____
c. _____
d. _____

Recording requested By
MICHAEL ZAINO

Eureka County - NV
Sara Simmons - Recorder

2. Type of Property:

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

FO Page 1 of 1 Fee: \$16.00
Recorded By: LH RPTT: \$11.70
Bo Book- 578 Page- 0321
Date of Recording: _____
Notes: _____

3.a. Total Value/Sales Price of Property

\$ 507 -

b. Deed in Lieu of Foreclosure Only (value of property (3000.00)

c. Transfer Tax Value:

\$ _____

d. Real Property Transfer Tax Due

\$ 3.90 11.70

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 _____

Capacity: Buyer

Signature _____

Capacity: _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Fern J. Kalland
Address: 900 O'Keefe Ave Apt 217
City: San Rafael
State: WI Zip: 53590

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Michael Zaino
Address: 12 Whitcomb St.
City: Haverhill
State: MA Zip: 01832

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

Print Name: _____
Address: _____
City: _____

Escrow # _____
State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED