

**JOINT TENANCY DEED
WITH RIGHT OF SURVIVORSHIP**

DOC # 0230038

APN: 01-163-01

10/27/2015 09:29 AM

Official Record
Recording requested By
SHAWN SMITH

Eureka County - NV
Sara Simmons - Recorder
Fee: \$39.00 Page 1 of 1
RPTT: Recorded By: LH
Book- 585 Page- 0269

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Shawn S. & Leah M. Smith
Address: P. O. Box 189
City/State/Zip: Eureka, NV 89316



THIS INDENTURE made this _____ day of _____, 20____, by and between
Shawn S. Smith hereinafter referred to as Grantor(s), and
Shawn S. & Leah M. Smith hereinafter referred to as Grantees,
whose address is (if applicable): P. O. Box 189 471 S. Edwards Street, situate in the
City of Eureka, County of Eureka, State of Nevada

WITNESSETH:

For valuable consideration received, Grantor(s) does by these presents grant, bargain and sell unto said Grantees as joint tenants with rights of survivorship and not as tenants in common, and their assigns and heirs and assigns of the survivor forever, all that certain real property situate in the County of Eureka, State of Nevada that is described as follows:

(Set forth legal description) **Lots 1,2,3,4,5,6,7 & 8 Block 52, Townsite of Eureka, Nevada, TOGETHER WITH House and improvements thereon.**

SUBJECT TO taxes for the present fiscal year, and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and right of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances there-unto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issue and profits thereof.

TO HAVE AND TO HOLD said premises, together with the appurtenances, unto said Grantee as joint tenants with rights of survivorship and not as tenants in common and their assigns and the heirs and assigns of the survivor forever.

IN WITNESS WHEREOF, Grantor(s) has caused this conveyance to be executed the day and year first above written.

Shawn S. Smith
Signature of Grantor

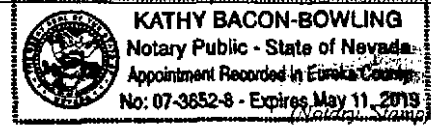
Signature of Grantor

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) October 27th, 2015

By (person(s) appearing before notary public) Shawn S. Smith

Kathy Bacon-Bowling
Notary Public
My Commission expires: May 11, 2019



STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 01-163-01
- 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'/Ind'l
- g) Agricultural
- h) Mobile Home
- Other

Book: _____ Page: _____
Date of Recording: _____
Notes: _____

3. Total Value/Sales Price of Property

\$ 64,131
Deed in Lieu of Foreclosure Only (value of property) _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due \$ 0

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 5
- b. Explain Reason for Exemption: Transferring from husband to husband and wife.

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 Shawn Smith Capacity _____

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)

(REQUIRED)

Print Name: Shawn S. Smith
Address: P.O. Box 189
City: Eureka
State: Nevada Zip: 89316

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

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

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