

APN: 3-032-08  
Recording requested by and mail documents and tax statements to:

Name: Adam Hogue  
Address: P.O. Box 2216  
City/State/Zip: Elko, NV. 89803

DED106  
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DOC # 0231012

03/24/2016 08:17 AM

Official Record  
Recording requested By  
ADAM HOGUE

Eureka County - NV  
Sara Simmons - Recorder  
Fee: \$15.00 Page 1 of 2  
RPTT: \$15.60 Recorded By: LH  
Book- 589 Page- 0205



RPTT: GRANT, BARGAIN, and SALE DEED

THIS INDENTURE WITNESS that Timothy W. Rose

(hereinafter called GRANTOR(S)) in consideration of Four Thousand  
dollars \$ 4000.00, the receipt of which is hereby acknowledged, do hereby GRANT,  
BARGAIN, SALE and CONVEY to: Adam N. Hogue

(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, Block 11, Crescent Valley Farms + Ranches  
Unit 3 as recorded in Section 17, Township 29N.,  
Range 48E, Eureka County, State of Nevada.

**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 14<sup>th</sup> day of March 2016.

[Signature]  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

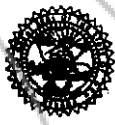
Timothy W. Rose  
Print or Type Name Here

\_\_\_\_\_  
Print or Type Name Here

STATE OF NEVADA  
COUNTY OF WASHOE  
On this 14<sup>th</sup> day of March 2016, personally appeared  
before me, a Notary Public, Timothy W. Rose

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: OCT. 24, 2018  
Consult an attorney if you doubt this forms fitness for your purpose.



**RICARDO E. VILLACORTA**  
Notary Public, State of Nevada  
Appointment No. 15-1050-2  
My Appl. Expires Oct 24, 2018

STATE OF NEVADA  
DECLARATION OF VALUE FORM

DOC # DV-231012

03/24/2016 09:17 AM

Official Record

1. Assessor Parcel Number(s)

- a) 3-032-08
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

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Page 1 of 1 Fee: \$15.00  
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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

NOTES: \_\_\_\_\_

3. Total Value/Sales Price of Property

\$ 4000.00

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

Transfer Tax Value: \_\_\_\_\_

Real Property Transfer Tax Due \_\_\_\_\_

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 [Signature] Capacity Seller

Signature Adam M. Hogue Capacity Buyer

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Timothy W. Rose  
Address: 65 Eclipse Dr  
City: SPARKS  
State: NV Zip: 89441

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Adam Hogue  
Address: P.O. Box 2216  
City: EIKO  
State: NV Zip: 89803

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_