

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 14th day of March 2016.

[Signature]
Signature of Grantor

Signature of Grantor

Timothy W. Rose
Print or Type Name Here

Print or Type Name Here

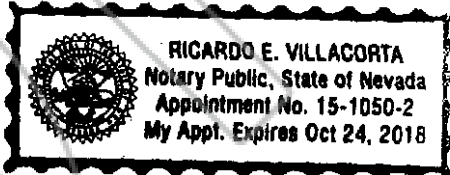
STATE OF NEVADA
COUNTY OF WASHOE
On this 14th day of March 2016, personally appeared
before me, a Notary Public, Timothy W. Rose

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.



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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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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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: _____