

Recording requested by (name):

Teresa Bare

And when recorded, mail this deed and tax statements to (name and address):

Carl Bare

PO Box 489

Princeton, MN 55371

DOC # 0231511

06/08/2016

08:35 AM

Official Record

Recording requested By
MICHAEL BARE

Eureka County - NV

Sara Simmons - Recorder

Fee: \$40.00

Page 1 of 2

RPTT:

Recorded By: LH

Book- 591 Page- 0179



0231511

QUITCLAIM DEED

APN: 005-400-27

DOCUMENTARY TRANSFER TAX \$19.80

EXEMPTION (R&T CODE) _____

EXPLANATION Dissolution of Marriage

Signature of Declarant or Agent determining tax

For a valuable consideration, receipt of which is hereby acknowledged,

Teresa Bare

(Disclaiming Party(ies))

hereby quitclaim(s) to

Carl Bare

(Property Owner(s))

the following real property in the DISTRICT 4.0 - EUREKA COUNTY GENERAL DISTRICT, County of EUREKA, Nevada: (insert legal description)

05-400-27, Township 29 North, Range 48 East, M.D.B. & M. Section 13: SE4

Date:

04/28/2016

(Signature of declarant)

Teresa Bare

(Typed or written name of declarant)

Date:

(Signature of declarant)

* see attached notary *

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of ~~Nevada~~ California ^{KR}
County of Placer

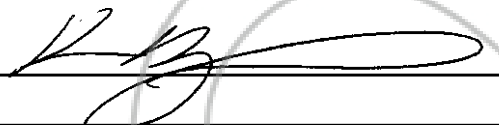
On April 28, 2016 before me, Kristen Reznich, Notary Public
(insert name and title of the officer)

personally appeared Teresa Bare who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he (she) they executed the same in his (her) their authorized capacity(ies), and that by his (her) their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



Recording requested By
MICHAEL BARE

Eureka County - NV

Sara Simmons - Recorder

Page 1 of 1 Fee: \$40.00

Recorded By: LH RPTT:

Book - 591 Page - 0179

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 005-400-24
- b) _____
- c) _____
- d) _____

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 _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: Verified Divorce JH

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ 6,160

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ 19.80

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 06

b. Explain Reason for Exemption: Divorce

5. Partial Interest: Percentage being transferred: 0 %

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: Michael Bare Capacity: GRANTOR

Signature: Carl D Bare Capacity: GRANTEE

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: TERESA BARE
Address: 4124 VICTORIA DR
City: ROSEVILLE
State: CA Zip: 95661

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: CARL BARE
Address: PO BOX 48A
City: PEWLETON
State: MN Zip: 55371

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

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