

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

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RPTT:

Recorded By: LH

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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 <sup>NR</sup>  
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)



DOC # DV-231511

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Official Record

Recording requested By  
MICHAEL BARE

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'l/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: \$ 19.80

Real Property Transfer Tax Due \$ 0

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: 4224 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: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED MICROFILMED