

**DOC # 0231674**

07/22/2016

01:55 PM

**Official Record**

Recording requested By  
DAVID CROOK

**Eureka County - NV**

**Sara Simmons - Recorder**

Fee: **\$15.00**

Page 1 of 2

RPTT: **\$31.20**

Recorded By: LH

Book- 592 Page- 0394

Recording Requested By:  
David Crook

When recorded mail to:  
Christopher J. Clark  
1231 Monaco St.  
Twin Falls, Idaho 83301



0231674

APN: 005-260-48

Prior Instrument Number: N/A

**Grant Bargain Sale Deed**

For the consideration of \$2,025.00, I or we, David Crook, (GRANTOR), does hereby convey to Christopher J. Clark and Suzanne L. Courtney (GRANTEES), Joint Tenancy with Right of Survivorship, the following described real property situated in Eureka (COUNTY), Nevada (STATE):

The Northeast ¼ of the Northeast ¼ of Section 15, Township 30 North, Range 49 East, Mount Diablo Base and Meridian, according to the Official Records on file in the Office of the County Recorder of said Eureka County, Nevada.

Reserving therefrom a non-exclusive easement of 30 feet along all boundaries of the above described parcel for ingress, egress and public utilities, to be used in common with others.

SUBJECT TO: Existing taxes, assessments, covenants, conditions, restrictions, rights of way and easements of record.

And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the matters above set forth.

**Signature Page to Follow**

DATED: 7/18/16

BY: *David Crook*  
David Crook

STATE OF Kansas )  
 ) ss.  
COUNTY OF Johnson )

On July 18<sup>th</sup>, 2016, before me, the undersigned Notary Public, personally appeared David A. Crook, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/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.

WITNESS my hand and official seal.

My Commission Expires: March 5<sup>th</sup>, 2017

*Alicia Lindstrom*  
Notary Public

ALICIA LINDSTROM  
Notary Public  
State of Kansas  
My Commission Expires 03/05/2017

STATE OF NEVADA  
DECLARATION OF VALUE FORM

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1. Assessor Parcel Number(s)  
a. 005-260-48  
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 \_\_\_\_\_

Page 1 of 1      Fee: \$15.00  
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Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

3. a. Total Value/Sales Price of Property      \$ 2025.00  
b. Deed in Lieu of Foreclosure Only (value of property)      ( 0.00 )  
c. Transfer Tax Vaule      \$ 7920.00  
d. Real Property Transfer Tax Due      \$ ~~40.59~~ 21.20
4. If Exemption Claimed:  
a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_  
b. Explain Reason for Exemption: \_\_\_\_\_

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 the 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: David Crook

Capacity: Seller

Signature: Christopher J Clark

Capacity: Buyer

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: David Crook  
Address: 7919 Campbell St.  
City: Kansas City  
State: MO      Zip: 64131

Print Name: Christopher J Clark  
Address: 1231 Monaco St  
City: Twin Falls  
State: ID      Zip: 83301

COMPANY REQUESTING RECORDING

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

As a public record this form may be recorded/microfilmed