

DOC# 232905

04/24/2017

08:08AM

Official Record

Requested By
LANDL LLC

Eureka County - NV

Lisa Hoehne - Recorder

Page: 1 of 3

Fee: \$16.00

Recorded By LH

RPTT: \$3.90

Book- 0601 Page- 0011



0232905

Tax Parcel Number: 005-310-01

Mail Tax Statements To:

LANDL LLC

100 Industrial Dr Ste 113

Lawrenceburg, Indiana 47025

PARCEL NUMBER: 005-310-01
WHEN RECORDED RETURN TO:
LANDL LLC
100 Industrial Dr Ste 113
Lawrenceburg, Indiana, 47025

WARRANTY DEED

THE GRANTOR(S),

- **ROBERT JOHN WILLIAMSON and CAROLYN JEAN WILLIAMSON, a married couple**

for and in consideration of: \$1,000.00 grants, bargains, sells, conveys and warranties to the GRANTEE(S):

- **LANDL LLC, an Indiana Limited Liability Company, 100 Industrial Dr Ste 113, Lawrenceburg, Dearborn County, Indiana, 47025,**

the following described real estate, situated in the County of Eureka, State of Nevada:

(legal description): The north one-half of the west one-half of the northeast one-quarter of the northeast quarter of Section 29, Township 30 North, Range 49 East, M.D.B. & M., as per Government Survey.

Description is as it appears in Document No. 131089, Official Records, Eureka County, Nevada.

Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same; and that Grantor, his heirs, executors and administrators shall warrant and

defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

Grantor Signatures:

DATED: 4-21-2017

DATED: 4-21-2017

Robert John Williamson

Carolyn Jean Williamson

ROBERT JOHN WILLIAMSON

CAROLYN JEAN WILLIAMSON

4613 Grove Dr

4613 Grove Dr

Lawrence, Kansas

Lawrence, Kansas

66049

66049



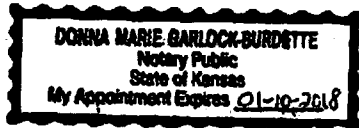
232905

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STATE OF KANSAS, COUNTY OF DOUGLAS, ss:

This instrument was acknowledged before me on this 21st day of April,
2017 by ROBERT JOHN WILLIAMSON and CAROLYN JEAN WILLIAMSON.

Donna Marie Garlock-Burdette
Notary Public
Signature of person taking acknowledgment



notary public
Title (and Rank)

My commission expires 01-10-2018



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STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

a. 005-310-01

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 RECORDERS OPTIONAL USE ONLY

Book _____ Page: _____
Date of Recording: _____
Notes: _____

3.a. Total Value/Sales Price of Property

\$ 1000

b. Deed in Lieu of Foreclosure Only (value of property _____)

c. Transfer Tax Value: \$ _____

d. Real Property Transfer Tax Due \$ 3.90

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 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 375.020, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Robert Williamson Capacity: Seller

Signature Buyer Asset Manager Capacity: Buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Robert and Carolyn Williamson

Address: 4813 Grove Dr

City: Lawrence

State: KS Zip: 66049

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: LANDL LLC

Address: 100 Industrial Dr Ste 113

City: Lawrenceburg

State: IN Zip: 47025

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