

EUREKA COUNTY, NV
RPTT \$93.60 Rec \$35.00
Total \$128.60
JEFFREY LYNN

2017-234135
11/27/2017 04:39 PM

Pgs=3



LISA HOEHNE, RECORDER

Recording requested by: _____

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

J OCTAVIA FLORES NAVARRO
Name: MARISOL RAMOS

Name JEFFREY A. LYNN

Address: 707 LAST Chance Rd #13

Address 10375 Bunny Trails

City/State/Zip: ELKO, NV 89801

City/State/Zip BATTLE MTN, NV 89800

Property Tax Parcel/Account Number:

Warranty Deed

This Warranty Deed is made on NOV 24, 2017, between JEFFREY A LYNN

Grantor, of 10375 Bunny Trails, City of

BATTLE MTN., State of NEVADA, and

MARISOL RAMOS AND OR
J. OCTAVIA FLORES NAVARRO, Grantee, of 707 LAST Chance Rd #13

, City of ELKO, State of NEVADA.

For valuable consideration, the Grantor hereby sells, grants, and conveys the following described real estate, in fee simple, to the Grantee to have and hold forever, along with all easements, rights, and buildings belonging to the described property, located at T-30N R-49E Sec 1 SW 1/4 NE 1/4

, City of EUREKA County, State of NEVADA:

APN # 05-260-66

The Grantor warrants that it is lawful owner and has full right to convey the property, and that the property is free from all claims, liabilities, or indebtedness, and that the Grantor and its successors will warrant and defend title to the Grantee against the lawful claims of all persons. Taxes for the tax year of _____ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: NOVEMBER 24, 2017

Jeffrey A Lynn
Signature of Grantor

JEFFREY A- LYNN
Name of Grantor

X [Signature] Brandi K Betancourt
Signature of Witness #1 Printed Name of Witness #1

X [Signature] RAPHEL BETANCOURT III
Signature of Witness #2 Printed Name of Witness #2

State of Nevada County of Elko

On November 24, 2017, the Grantor, Jeffrey A Lynn,

personally came before me and, being duly sworn, did state, acknowledge and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

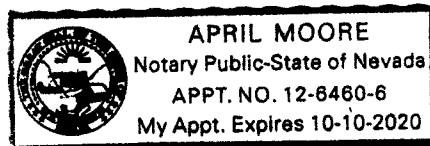
April Moore
Notary Signature

Notary Public,

In and for the County of Elko State of Nevada

My commission expires: 10/10/2020 Seal

Send all tax statements to Grantee.



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 005-260-66
 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: _____

3. Total Value/Sales Price of Property \$ 24,000
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 93.60

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

Signature Jeffrey A Lynn Capacity Seller
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Jeffrey Lynn
 Address: 10375 Bucky Trails
 City: Battle Mountain
 State: NV Zip: 89820

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: J Octavia Flores Navarro
 Address: 707 West Chandler #13
 City: Elko
 State: NV Zip: 89801

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

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