

APN: 001-129-03

EUREKA COUNTY, NV 2018-234803
RPTT:\$97.50 Rec:\$35.00
Total:\$132.50 03/05/2018 01:31 PM
GOICOECHEA, DIGRAZI COYLE Pgs=3

**Recording Requested By
and Return to:**

Goicoechea, Di Grazia,
Coyle & Stanton, Ltd.
530 Idaho Street
Elko, NV 89801



LISA HOEHNE, RECORDER

The undersigned affirms that
this document does not contain
a social security number.

Grantee's Address/

Mail tax statement to:

Elizabeth J. Rebaleati
4815 Swainsona Dr.
Loveland, CO 80537

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE made and entered into this 13 day of
February, 2018, by and between **MICHAEL N. REBALEATI**, a married
man, Grantor, and **ELIZABETH J. REBALEATI**, a single woman, Grantee.

WITNESSETH:

FOR VALUABLE CONSIDERATION RECEIVED, Grantor does hereby grant,
bargain, sell and convey unto said Grantee, and to the assigns, and the heirs,
executors, and administrators of the Grantee, forever, all those certain lots, pieces,
or parcels of land situate, lying and being in the County of Eureka, State of Nevada,
located in the Town of Eureka, and more particularly described as follows:

Lots 4 and 5, plus the South 13.83' of lot 3 and the North 9.24' of Lot 6,
Block 25, Townsite of Eureka, Nevada.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances
thereunto belonging or in anywise appertaining, and the reversion and

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
ATTORNEYS AT LAW
530 IDAHO STREET - P.O. BOX 1358
ELKO, NEVADA 89801
(775) 738-8091

reversions, remainder and remainders, rents, issues, and profits thereof.

SUBJECT TO any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights-of-way of record.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said Grantee, and to the assigns, and the heirs, executors and administrators of the Grantee, forever.

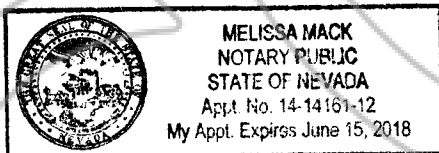
IN WITNESS WHEREOF, the Grantor has executed this deed the day and year first hereinabove written.

GRANTOR:


MICHAEL N. REBALEATI

STATE OF NEVADA)
 : ss.
COUNTY OF ~~EUREKA~~)
 Carson city

This instrument was acknowledged before me on February 13, 2018,
~~2017~~, by **MICHAEL N. REBALEATI**.




NOTARY PUBLIC

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 1-129-03
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 Rental Lot

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 25,000

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

Transfer Tax Value: \$ 25,000

Real Property Transfer Tax Due \$ 97.50

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

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 N Rebaleati Capacity Owner

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Michael N Rebaleati

Address: Box 321

City: Eureka

State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: E.J. Rebaleati

Address: 4815 Swainsona Dr

City: Cleveland

State: CO Zip: 80537

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