

APN:005-470-07

Recording requested by:  
**Sandra F. Sanchez**  
4474 S. Amanda Ave  
Fort Mohave, AZ 86426

and when recorded, please return  
this deed and tax statements to:

**APPM LLC**  
651 Milwaukee Road  
Beloit, Wisconsin 53511

EUREKA COUNTY, NV

RPTT:\$9.75 Rec:\$35.00

Total:\$44.75

SANDRA F SANCHEZ

**2018-235833**

**08/16/2018 01:04 PM**

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LISA HOEHNE, RECORDER

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# **WARRANTY DEED**


THE GRANTORS: Sandra F. Sanchez, FOR A VALUABLE CONSIDERATION, in which is hereby acknowledged, hereby GRANTS, BARGAINS, SELLS and WARRANTS to: APPM LLC. all right, title, interest and claim to the following real estate in the County of Eureka, State of Nevada with the following legal description:

BEING THE E2SE4SE4 OF SECTION 33, TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

APN:005-470-07 (Lot size: 21.7 Acres)

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever IN FEE SIMPLE; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any part thereof. Grantor conveys 100% interest to coal, oil, gas and other minerals of every kind and nature whatsoever existing upon, beneath the surface of, or within the land. There shall be established a 30 foot easement on all borders of above said parcel for access/utility purposes.


EXECUTED this \_\_\_\_\_ day of August, 2018

  
Sandra F. Sanchez

State of Arizona

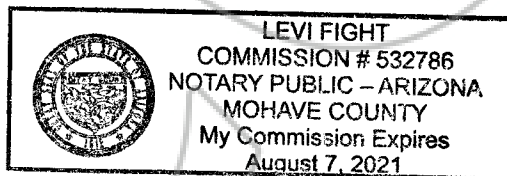
County of Mohave

This instrument was acknowledged before me on this 6th day of August, 2018, by, Sandra F. Sanchez.



Signature of Notary Public

(Seal)



My commission expires on 08/07, <sup>2021</sup>~~2022~~

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

**1. Assessor Parcel Number(s)**

a. 005-470-07  
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  
i. ☐ Other \_\_\_\_\_

<b>FOR RECORDER'S OPTIONAL USE ONLY</b>	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. a. Total Value/Sales Price of Property \$ 2,500.00  
b. Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
c. Transfer Tax Value: \$ \_\_\_\_\_  
d. Real Property Transfer Tax Due \$ 9.75

**4. If Exemption Claimed:**

a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_  
b. Explain Reason for Exemption: \_\_\_\_\_

**5. Partial Interest: Percentage being transferred: 100.00 %**

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 \_\_\_\_\_ Capacity Grantor

Signature [Signature] Capacity Grantee

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

Print Name: Sandra Sanchez  
Address: 4474 S Amerda Ave  
City: Fort Meade  
State: AT Zip: 86426

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: APPMLLC (TONY MEYER)  
Address: 3469 Bee Lane  
City: Beloit  
State: WI Zip: 53511

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

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