## **RECORDING REQUESTED BY:**

Reliant Title

905 Railroad St., Ste. 204

Elko, NV 89801

Escrow No.: 204-1800448-REJ

## WHEN RECORDED MAIL TO and MAIL TAX STATEMENTS TO:

Jeremy Rice and Phyllis Rice 3013 Crescent Ave Crescent Valley, NV 89821

**R.P.T.T.:** \$19.50

**A.P.N.:** 002-054-02

EUREKA COUNTY, NV

RPTT:\$19.50 Rec:\$35.00

\$54.50 Pgs=3

RELIANT TITLE - ELKO

LISA HOEHNE, RECORDER

2018-237046

12/13/2018 02:16 PM

## GRANT, BARGAIN, SALE DEED

THE INDENTURE WITNESSETH: That Linda Coyle

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, do(es) hereby Grant, Bargain, Sell and

Convey to Jeremy Rice and Phyllis Rice, husband and wife, as joint tenants

all that real property situated in Eureka County, State of Nevada, bounded and described as follows:

All the right, title and interest of the undersigned in and to the real property situate in the County of Eureka State of Nevada described as follows:

Lots 11, 12, 17, and 18 in Block 31 of Crescent Valley Ranch & Farms, Unit No. 1, as shown on the map thereof, filed in the office of the County Recorder of Eureka County, Nevada, on April 6, 1959.

Parcel Number: 002-054-02

SUBJECT TO: 1. Taxes for the fiscal year 2018-2019.

Covenants, Conditions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Date: December 10, 2018 STATE OF NEVADA **COUNTY OF** On this day of <u>hecewher</u>, 20 before me, a Notary Public in and for said County and State, personally appeared Linda Coyle who acknowledged the signing of the foregoing instrument, and the same is her voluntary act and deed. Monica m. Schlugel Notary Public: My Commission Expires: See attached california Acknowledgment.

## CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

L	
State of California	
County of Santa Barbara	\ \
2	
On <u>Dec</u> 12,2018 before me,	Monica M Schlagel , Notary Public (Here insert name and title of the officer)
personally appeared	cotte
the within instrument and acknowledged to me the	dence to be the person(s) whose name(s) is/are subscribed to hat he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of ht.
I certify under PENALTY OF PERJURY under this true and correct.	ne laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.  Signature of Notary Public	MONICA M. SCHLAGEL Notary Public - California Santa Barbara County Commission # 2239234 My Comm. Expires Apr 22, 2022
/ ADDITIONAL O	
ADDITIONAL O	PTIONAL INFORMATION  INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be
Grant Burgan Save (Title or description of attached document)	properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the
(Title or description of attached document continued)	verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>
(Additional information)	must also be the same date the acknowledgment is completed.  The notary public must print his or her name as it appears within his or her
	<ul> <li>commission followed by a comma and then your title (notary public).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER  Individual (s)	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> </ul>
Corporate Officer	<ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>
(Title)  Partner(s)	<ul> <li>sufficient area permits, otherwise complete a different acknowledgment form.</li> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> </ul>
☐ Attorney-in-Fact	Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document

Indicate title or type of attached document, number of pages and date.

· Securely attach this document to the signed document

Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Other

1. Assessor a) <u>002-054-</u> b) c)	ON OF VALUE Parcel Number 02	(s)		·	
<ol><li>Type of P</li></ol>				FOR F	RECORDER'S OPTIONAL USE ONLY
a) 🗵 Vaca	•		am. Residen	ce	\
	o/Twnhse d)	☐ 2-4 P			nent/Instrument No.:
e)	- ,	Com		Book	Page
g) Agrica		☐ Mobil	e Home	Date o	f Recording:
LI Onei				- Notes:	
3. a. Total V	'alue/Sale Price	of Property:		/	\$5,000.00
	n Lieu of Forecic	, .		erty)	(\$0.00)
	r Tax Value:				\$5,000.00
d. Real P	roperty Transfer	Tax Due:			\$19.50
4. IF EXEMP	PTION CLAIME	):			/ /
a. Transf	er Tax Exemptio	n, per NRS	375.090, Sec	ction:	
b. Explai	n Reason for Ex	emption: _			
	erest: Percenta		-		× /
375.110, that to supported by departies agree to result in a pena and Seller sha	the information ocumentation if the disallowance lity of 10% of the libe jointly and	provided is called upon of any clai tax due plu	correct to the to substantial to substantial med exemptions interest at	ne best of thate the informon, or other 17% per month	
طی: Signature	zunda	- ( · D	ejle		Capacity: Grantor
Signature				\	Capacity:
	NTOR) INFORM EQUIRED)	<u>ATION</u>			RANTEE) INFORMATION (REQUIRED)
Print Name: L		\		Print Name:	Jeremy Rice and Phyllis Rice
Address:	25 CALL	ELIPG	PIZANA	Address:	3013 Crescent Ave
City:	DLETT	- 1		City:	Crosent Valley
State:	¥ ·	Zip: 9	3117	State:	NV Zip: 89821
COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)					
Print Name:	Reliant Title	Λ.		Esc.#	204-1800448
Address:	905 Railroad S	t., Ste. 204			
City	Elko	11		Zip:	89801
		100			

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED