

APN#: 002-054-04
Escrow No. 19-261333

MAIL TAX STATEMENT TO AND
WHEN RECORDED RETURN TO:
Linda L. Coyle
425 Calle Lippizana
Goleta, CA 93117

EUREKA COUNTY, NV	2019-238326
RPTT:\$0.00 Rec:\$35.00	
\$35.00 Pgs=3	03/22/2019 08:53 AM
WFG NATIONAL TITLE COMPANY OF NEVADA	
LISA HOEHNE, CLERK RECORDER	E05

GRANT, BARGAIN, SALE DEED

R.P.T.T. \$0.00

THIS INDENTURE WITNESSETH: That Gerard J. Coyle, Spouse of the Grantee herein, for a valuable consideration, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to Linda L. Coyle, a married Woman as her sole and separate property, all that real property situated in the County of Eureka, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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

WITNESS my hand this 15 day of march, March, 2019.


Gerard J. Coyle

STATE OF California

County of Santa Barbara ss:

This instrument was acknowledged before me on this 15 day of March, 2019 by Gerard J. Coyle.

See attached Calif Ack
Notary Public

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.

State of California

County of Santa Barbara

On March 15, 2019 before me, Monica M Schlagel, Notary Public,
(Here insert name and title of the officer)

personally appeared Gerard J Coyte,

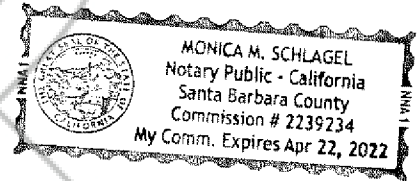
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
 Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be 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 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.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which 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 commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- 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.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ 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.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

Grant Bargain
(Title or description of attached document)

Sale Deed
(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

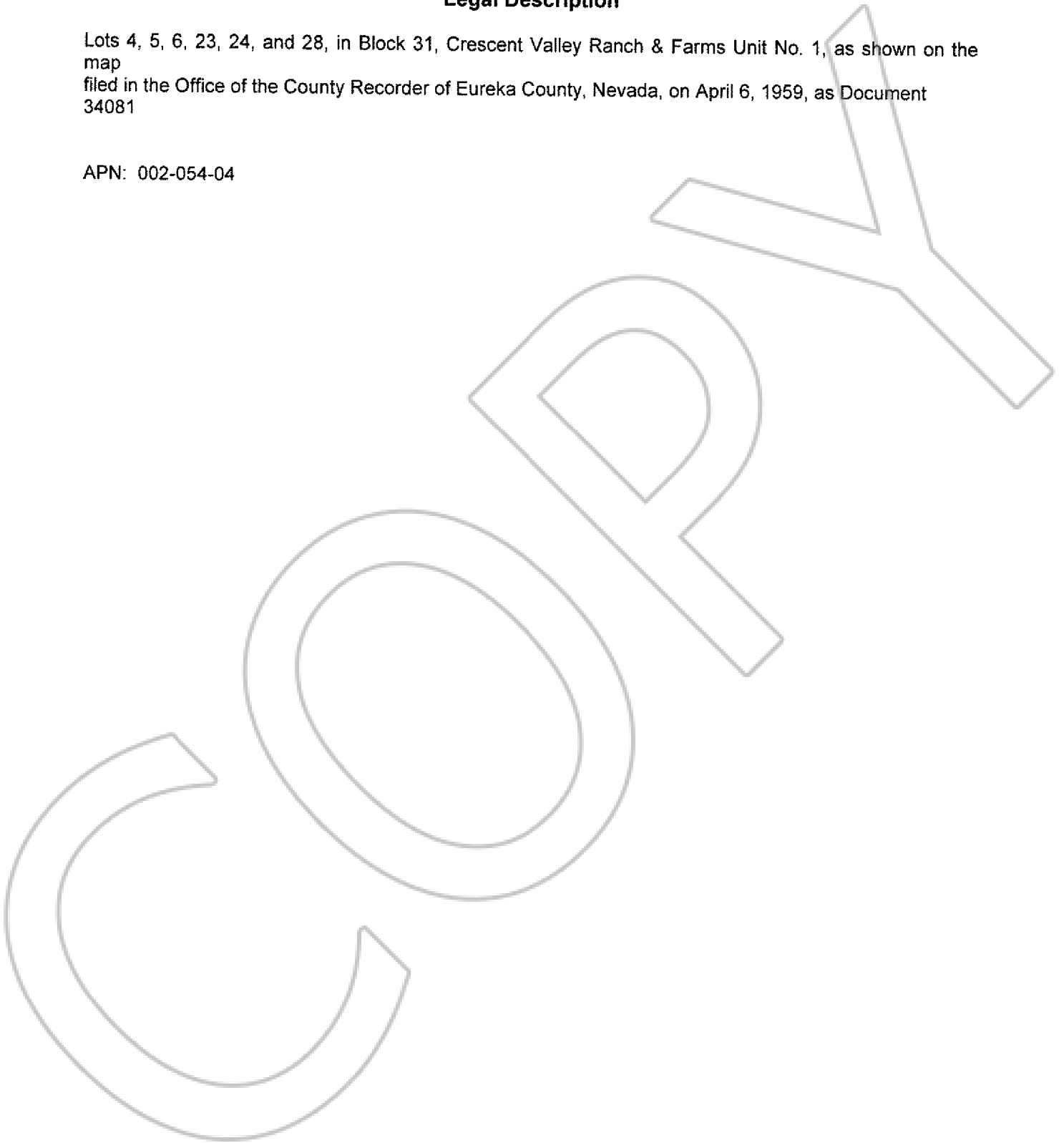
(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

EXHIBIT "A"
Legal Description

Lots 4, 5, 6, 23, 24, and 28, in Block 31, Crescent Valley Ranch & Farms Unit No. 1, as shown on the map filed in the Office of the County Recorder of Eureka County, Nevada, on April 6, 1959, as Document 34081

APN: 002-054-04



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

- a) **002-054-04**
- 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

FOR RECORDER'S OPTIONAL USE

ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

Other _____

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) **\$0.00**

Transfer Tax Value: **()**

Real Property Transfer Tax Due: **\$0.00**

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section # **5**

b. Explain Reason for Exemption: _____

Transfer from Spouse to Spouse without Consideration

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 *Gerard J. Coyle* Capacity **GRANTOR**

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: Gerard J. Coyle	Print Name: Linda L. Coyle
Address: 425 Calle Lippizana	Address: 425 Calle Lippizana
City: Goleta	City: Goleta
State: CA Zip: 93117	State: CA Zip: 93117

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

Print Name: **WFG National Title Insurance Company** Escrow #: **19-261333**

Address: **905 Railroad Street Suite 204**

City: **Elko** State: **NV** Zip: **89801**

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED