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

MAIL TAX STATEMENT TO AND WHEN RECORDED RETURN TO:

R. Vic. Gaerlan 7001 California St. #204 San Francisco, CA 94121 EUREKA COUNTY, NV RPTT:\$39.00 Rec:\$35.00

2019-238327

\$74.00 P

Pgs=4

03/22/2019 08:53 AM

WFG NATIONAL TITLE COMPANY OF NEVADA

LISA HOEHNE, CLERK RECORDER

## **GRANT, BARGAIN, SALE DEED**

R.P.T.T. \$39.00

THIS INDENTURE WITNESSETH: That

Linda L. Coyle, a married woman, as her separate property, , who acquired title as, Linda L. Woodyard, for a valuable consideration, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to

R. Vic. Gaerlan, a single man,

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

SUBJECT TO:

- 1. Taxes for the fiscal year 2018-2019.
- Rights of way, reservations restrictions, easements and conditions of record.

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

WITNESS my hand this 15 th day of March, 2019.
Linda L. Coyle
STATE OF California
COUNTY OF Sounday Barbara
This instrument was acknowledged before me this $15$ day of March, 2019 by Linda L. Coyle.
See afficied out ACIC Notary Public My Commission Expires: 8422-22

## 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.

	ss, accuracy, or various of that document.
State of California  County of Santa Barbara	
County or	\ \
On March 15, 2019 before me,	Monica M Schlagel , Notary Public (Here insert name and title of the officer)
personally appeared Lindu L	
the within instrument and acknowledged to me	ridence to be the person(s) whose name(s) is/are subscribed to that he/she/they executed the same in his/her/their authorized s) on the instrument the person(s), or the entity upon behalf of ent.
I certify under PENALTY OF PERJURY under is true and correct.	the laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.	MONICA M. SCHLAGEL Notary Public - California Santa Barbara County Commission # 2239234 My Comm. Expires Apr 22, 2022
ADDITIONAL O	OPTIONAL INFORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT  Grant Bargay Sale (Title or description of attached document)  Desca  (Title or description of attached document continued)	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 libegal 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  (Additional information)	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).
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer  (Title) Partner(s) Attorney-in-Fact Trustee(s)	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/shc/they is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> <li>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.</li> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> </ul>
Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>

· Securely attach this document to the signed document

## 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



STATE OF NEVADA DECLARATION OF VALUE	
Assessors Parcel Number(s)	
a) 002-054-04	
b)	<del>-</del>
c)	
d)	
2. Type of Property:	
a) Vacant Land b) Single Fam. Res.	FOR RECORDER'S OPTIONAL USE
c) Condo/Twnhse d) 2-4 Plex	ONLY
e) 🔲 Apt. Bldg f) 🔲 Comm'l/ind'l	Book:Page:
g) 🗌 Agricultural h) 🗍 Mobile Home	Date of Recording:
	Notes:
Other Other	
<ol><li>Total Value/Sales Price of Property:</li></ol>	\$10,000,00
Deed in Lieu of Foreclosure Only (value of property	
Transfer Tax Value:	\$10,000.00
Real Property Transfer Tax Due:  4. If Exemption Claimed:	\$39.00
<ul><li>a. Transfer Tax Exemption per NRS 375.090, Sec</li><li>b. Explain Reason for Exemption:</li></ul>	ion #
b. Explain (Codo) for Exchiption,	<del>\ \ / / / </del>
5. Partial Interest: Percentage being transferred:	%
The undersigned declares and acknowledges, un	
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 docu	mentation 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 dudue plus interest at 1% per month. Pursuant to NRS	e, may result in a penalty of 10% of the tax
jointly and severally liable for any additional amount o	wed
10 10 -	\ \
Signature	Capacity Grantor Agent
Signature ()	Capacity Grantee
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Linda L. Coyle Name:	Print R. Vic. Gaerlan
	Name:
Address: 425 Calle Lippizana City: Goleta	Address: 7001 California St. #204
	City: San Francisco
State: California Zip: 93117	State: California Zip: 94121
COMPANY/PERSON REQUESTING RECORDING re	· · · · · · · · · · · · · · · · · · ·
Print Name: WFG National Title Insurance Compar	Escrow #: 19-261333
Address: 905 Railroad Street Suite 204	
City: Elko	State: <b>NV</b> Zip: <b>89801</b>
AS A PUBLIC RECORD THIS FORM	MAY BE RECORDED/MICROFILMED