

WHEN RECORDED MAIL TO

NAME Ben Wilson
ADDRESS 606 Shadybrook Dr
CITY & STATE Spring Creek, NV 89815

MAIL TAX STATEMENTS TO

NAME Ben Wilson
ADDRESS 606 Shadybrook Dr
CITY & STREET Spring Creek, NV 89815

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Individual Grant Deed

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$ _____
() computed on full value of property conveyed, or

FOR A VALABLE CONSIDERATION, receipt of which is hereby acknowledges

Hereby **GRANT(S)** to
Ben Wilson, *a married man*

The following described real property in the
County of Eureka, State of Nevada

577 El Gato, Eureka NV 89316
AP# 07-395-16

Parcel A, Lot 4, as shown on that certain Parcel Map for E.A. and L.C. Rasmussen, recorded
January 6, 1988 in the Official Records of Eureka County, Nevada as File # 115500, a portion of
Parcel B of the Large Division Map of the E 1/2 Section 17, T20N, R53E., M.D.B.&M.

Lynda Robinett Salles

Date: *3/19/19*

Lynda Robinett-Salles, Trustee
The Rasmussen Trust of 1996

EUREKA COUNTY, NV 2019-238435
Rec:\$35.00
Total:\$35.00 04/15/2019 11:47 AM
BEN WILSON Pgs=3



LISA HOEHNE, CLERK RECORDER E05

CALIFORNIA NOTARY ACKNOWLEDGMENT

For An Individual Acting In His/Her Own Right:

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.

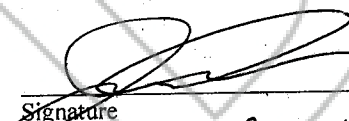
State of California)
County of Stanislaus) ss.

On 03/19/2019 before me, Joseph Couch Notary Public, personally appeared
Lynnda Robinett - Salles

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.

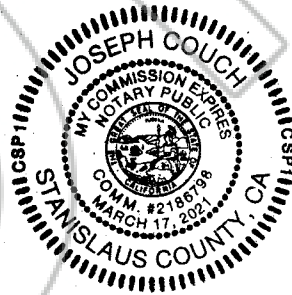
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal


Signature
Joseph Couch
Print Name

[NOTARIAL SEAL]

My commission expires: 03/17/2021



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 07-395-10
 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 _____

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 40,517.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 5
 b. Explain Reason for Exemption: From a married man to spouse to spouse

5. Partial Interest: Percentage being transferred: 100 %
 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 Lindy E. Wilson Capacity Spouse
 Signature Bennie R. Wilson Capacity Spouse

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Ben Wilson
 Address: 606 Shadybrook Dr.
 City: Spring Creek
 State: NV Zip: 89815

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Bennie Ray Wilson and Lindy E. Wilson
 Address: 606 Shadybrook Dr.
 City: Spring Creek
 State: NV Zip: 89815

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