

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

EUREKA COUNTY, NV

Rec:\$35.00

Total:\$35.00

BEN WILSON

2019-238435

04/15/2019 11:47 AM

Pgs=3



00005156201902384350030036

LISA HOEHNE, CLERK RECORDER

E05

## 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 ½ Section 17, T20N, R53E., M.D.B.&M.

Lynda Robinett-Salles, Trustee  
The Rasmussen Trust of 1996

Date: *3/19/19*

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  
Lynda 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

[NOTARIAL SEAL]

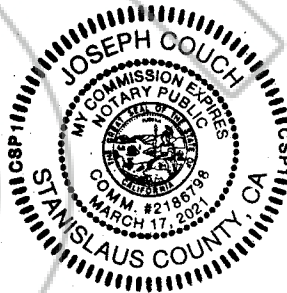
Signature

Print Name

My commission expires:

03/17/2021

HEL6850CA (1/15)



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 Cindy 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 Cindy 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