

APN # 07-395-16

Recording Requested By:

Name Ben Wilson

Address _____

City/State/Zip _____

EUREKA COUNTY, NV
RPTT: \$159.90
Total: \$159.90
BEN WILSON

2019-239311
07/26/2019 01:33 PM
Pgs=4



00006146201902393110040046

LISA HOEHNE, CLERK RECORDER

Correction
(Title of Document)

Rerecording document 2019-238435
to include Declaration of Value and
Real Property Transfer Tax.

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

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

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

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 ½ Section 17, T20N, R53E., M.D.B.&M.

Lynda Robinett Salles

Date: *3/19/19*

Lynda Robinett-Salles, Trustee
The Rasmussen Trust of 1996

2019-238435

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
Lyneta Robinett - Sales

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.

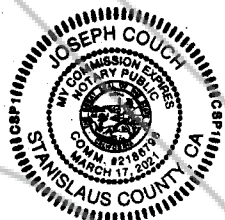
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[NOTARIAL SEAL]

Joseph Couch
Signature
Joseph Couch
Print Name

My commission expires: 03/17/2021



HEL6850CA (1/15)

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 07-39516
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

Deed in Lieu of Foreclosure Only (value of property) \$ 40,517.00

Transfer Tax Value: \$ 159.90

Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

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 Ben Wilson Capacity Buyer

Signature Lindy Wilson Capacity Buyer

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Laverna Rasmussen Trust
Address: 2206 Alarose Way
City: Riverbend
State: CA Zip: 95367

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Ben + Lindy 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