

**APN: 005-010-52**

**Recording requested by:**  
**APPM, LLC.**  
**3469 Bee Lane**  
**Beloit, WI 53511**

**when recorded, please return this deed and tax statements to:**

**James Stogner**  
**333 Hawthorne St**  
**Salinas, California 93901**

EUREKA COUNTY, NV

**2019-239506**

\$35.00 \$37.05

Total \$72.05

**09/19/2019 11:49 AM**

APPM LLC

Fgs=3



00006409201902395060030036

LISA HOEHNE, CLERK RECORDER

Above reserved for official use only

# **WARRANTY DEED**

**THE GRANTOR: APPM, LLC hereby GRANTS, BARGAINS, SELLS and WARRANTS to: James Stogner & Denise Buchli ("Grantee"), as joint tenants with rights of survivorship, all right, title, interest and claim to the following real estate in the County of Eureka, State of Nevada with the following legal description:**

**BEING THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 13, TOWNSHIP 31 NORTH, RANGE 48 EAST, MDB&M**

**APN: 005-010-52 (Lot size: 40.00 Acres)**

**TO HAVE AND TO HOLD** all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever **IN FEE SIMPLE**; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any part thereof. Grantor conveys **ALL** right, title and interest to coal, oil, gas and other minerals of every kind and nature whatsoever existing upon, beneath the surface of, or within the land. There shall be established a 30 foot easement on the perimeter of above said parcel for access & utility purposes.

EXECUTED on Monday, September 16, 2019

  
\_\_\_\_\_  
Jeffery A. Reese, Member: APPM, LLC

State of Wisconsin

County of Rock

This instrument was acknowledged before me on this Monday, September 16, 2019 By: Jeffery A. Reese

ZACHARY JAMES HUBNER  
Notary Public  
State of Wisconsin

(Seal)

  
\_\_\_\_\_  
Signature of Notary Public

Zachary J. Hubner

My commission expires on June 19th, 2020.

**NOTE: If you ever decide to sell your  
property please contact us first!**

[info@nevadainvestmentland.com](mailto:info@nevadainvestmentland.com)

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a. 005-010-52  
 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. a. Total Value/Sales Price of Property      \$ 9,195.00  
 b. Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 c. Transfer Tax Value:      \$ 9,195.00  
 d. Real Property Transfer Tax Due      \$ 37.05

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_  
 b. 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: [Signature] Capacity: Grantee

Signature: \_\_\_\_\_ Capacity: Grantor

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**

Print Name: APPM, LLC  
 Address: 3469 Bee Lane  
 City: Beloit  
 State: WI Zip: 53511

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**

Print Name: James Stogner  
 Address: 333 Hawthorne St  
 City: Salinas  
 State: CA Zip: 93901

COMPANY REQUESTING RECORDING  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_

Escrow #: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_