

EUREKA COUNTY, NV

**2019-239620**

RPTT:\$128.70 Rec:\$35.00

\$163.70 Pgs=2

**10/15/2019 08:12 AM**

EVERLAND EQUITY, LLC

LISA HOEHNE, CLERK RECORDER

**WHEN RECORDED MAIL TO:**

HealthCare Products & Services, LLC

8 Peters Terrace

Flagtown, NJ 08821

**MAIL TAX STATEMENTS TO:**

Everland DC, LLC

1936 Bruce B. Downs Blvd. #551

Wesley Chapel, FL 33543

**GRANT  
DEED**

THE GRANTOR(S), Everland DC, LLC a Florida Limited Liability Company, having a mailing address of 1936 Bruce B. Downs Blvd. #551, Wesley Chapel, FL 33543 for and in consideration of \$ 33,000.00 grants, bargains, sells, conveys and warranties to the GRANTEE(S):

HealthCare Products & Services, LLC, having a mailing address of 8 Peters Terrace, Flagtown, NJ 08821, the following described real estate situated in the County of Eureka, State of Nevada:

**Parcel ID**

005-050-05 SW 1/4, SECTION 29, TOWNSHIP 31 NORTH, RANGE 48 EAST, MD.B.&M

**Recorder: Legal Description**

SUBJECT TO: Current taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the grantor hereby covenants with the Grantee(s) that Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same; and the Grantor, his heirs, executors and administrators shall warrant and defend the title unto the Grantee, his heirs and assigns against all lawful claims whatsoever.

Dated: 10/03/2019

Signature: BSA

B. Scott Todd, Manager

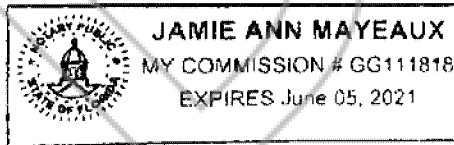
**Acknowledgment of Individual**

STATE OF FLORIDA

COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 10/03/2019 (date), by B. Scott Todd (name), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

Jamie Mayeaux  
Notary Public



Printed Name: Jamie Ann Mayeaux

My Commission Expires: 06/05/2021

Commission #GG111818

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

**1. Assessor Parcel Number(s)**

a) 005-050-05  
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**

\$ 33,000.00

Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_

Transfer Tax Value:

\$ 33,000.00

Real Property Transfer Tax Due

\$ 128.70

**4. If Exemption Claimed:**

a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_

b. Explain Reason for Exemption: \_\_\_\_\_

**5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %**

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 \_\_\_\_\_

B. Scott Todd

Capacity Managing Member

Signature \_\_\_\_\_

Capacity \_\_\_\_\_

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

Print Name: Everland DC, LLC

Address: 1936 Bruce B. Downs Blvd. #551

City: Wesley Chapel

State: FL Zip: 33543

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

Print Name: HealthCare Products & Services, LLC

Address: 8 Peters Terrace

City: Flagtown

State: NJ Zip: 08821

**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