

APN: 005-090-27  
Recording requested by and mail documents and  
tax statements to:

EUREKA COUNTY, NV  
LAND-GBS  
RPTT:\$31.20 Rec:\$35.00  
Total:\$66.20

2019-239884  
12/04/2019 01:37 PM  
Pgs=3

Name: Jeffrey A. Lynn  
Address: 10375 Bunny Trails  
City/State/Zip: Battle Mt, NV

JEFFREY A LYNN



LISA HOEHNE, CLERK RECORDER

DED106 89820  
Nevada Legal Forms & Books, Inc. (702) 870-8877  
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RPTT: GRANT, BARGAIN, and SALE DEED

THIS INDENTURE WITNESS that The Sky Line FLATS TRUST

(hereinafter called GRANTOR(S)) in consideration of Ten dollars  
dollars \$ 10.00 the receipt of which is hereby acknowledged, do hereby GRANT,  
BARGAIN, SALE and CONVEY to: JEFFREY A. LYNN

(hereinafter called GRANTEE(S)) all that real property situated in the City of ✓  
County of Eureka State of Nevada  
bounded and described as follows: (Set forth legal description and commonly known address)

W 1/2 N. E. 1/4 section 7 T 31 N R 49 E

**WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU  
WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER  
RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER**

Together with all and singular hereditament and appurtanances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 29~~th~~ day of November 20 19.

Talin G. Whittenburg-Mayer

Signature of Grantor

Signature of Grantor

Talin G. Whittenburg-Mayer

Print or Type Name Here

Print or Type Name Here

STATE OF Nevada )

COUNTY OF Nye )

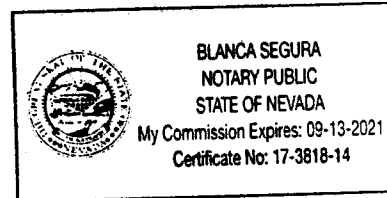
On this 29<sup>th</sup> day of November, 20 19, personally appeared

before me, a Notary Public, Talin G. Whittenburg Mayer personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that he  executed this instrument. Witness my hand and official seal.

[Signature]  
Notary Public

My commission expires: 9-13-2021

Consult an attorney if you doubt this forms fitness for your purpose.



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 005-090-27  
 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      \$ 8,000  
 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 \_\_\_\_\_  
 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 Jeffrey A Lynn Capacity Buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: The Skyline FLATS TRUST  
 Address: 4020 DAAG Circle  
 City: Pahrump  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: JEFFREY A. LYNN  
 Address: 10375 Bunny Trails  
 City: BATTLEMOUNT NV  
 State: NV Zip: 89820

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_