

005-670-32

EUREKA COUNTY, NV  
LAND-DUD  
Rec.\$37.00  
Total.\$37.00

2020-240071  
02/10/2020 10:16 AM  
Pgs=2

MICHAEL & SABINA EINMAN



LISA HOEHNE, CLERK RECORDER E10

Recording requested by and mail documents  
and tax statements to:  
Michael and Sabina Einman  
PO Box 764  
South Bend, WA 98586

**DEED UPON DEATH**

We, MICHAEL and SABINA EINMAN, hereby convey to EILEEN AMELIA TIBBITS and MICHAEL JAMES EINMAN, JR., effective on our death, all right, title and interest in the real property located in the County of Eureka, State of Nevada, and more particularly described as:

The North half (N 1/2) of the Northeast Quarter (NE 1/4) of Section 7, Township 28 North, Range 52 East, M.D.B. & M., Eureka County, Nevada.

Together with all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTORS. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTORS WHICH CONVEY THE SAME REAL PROPERTY PURSUANT TO NRS 111.655 TO 111.699, INCLUSIVE, REGARDLESS OF WHETHER THE PRIOR DEEDS FAILED TO CONVEY THE ENTIRE INTEREST OF THE GRANTORS IN THE SAME REAL PROPERTY.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Dated this 28 day of January, 2020.

*Michael Einman*  
MICHAEL EINMAN, GRANTOR

*Sabina Einman*  
SABINA EINMAN, GRANTOR

SUBSCRIBED AND SWORN TO before me this 28 day of January, 2020.

**WILLIAM R. PENOYAR**  
NOTARY PUBLIC  
STATE OF WASHINGTON  
My Commission Expires July 1, 2020

*William R. Penoyar*  
Notary Public for Washington  
Residing at: South Bend, WA  
My appointment expires: 7/1/2020

# State of Nevada Declaration of Value

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #	_____
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

1. Assessor Parcel Number(s)  
 a) 005-670-32  
 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  
 i)  Other \_\_\_\_\_

3. Total Value/Sales Price of Property: \$ 3,835.00  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value per NRS 375.010, Section 2: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ Ø

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption, per NRS 375.090, Section: 10  
 b. Explain Reason for Exemption: Deed Upon Death

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 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 Michael J. Einman Capacity Owner

Signature Sabina Einman Capacity Owner

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Michael & Sabina Einman  
 Address: P.O. Box 764  
 City: South Bend  
 State: WA Zip: 98586

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Eileen A. Tibbitts & Michael J. Einman, Jr  
 Address: 220 SE Evergreen Dr.  
 City: Shelton  
 State: WA Zip: 98584

**COMPANY REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: William Penoyar, Attorney at Law Escrow # NA  
 Address: P.O. Box 425  
 City: South Bend State: WA Zip: 98586