

APN: 005-190-31
APN: 005-190-30

Recording requested by and mail documents and tax statements to:

Name: Cosmin & Kristy Holhos-Vaida

Address: 1910 Idaho St. Ste. 102-523

City/State/Zip: Elko, NV 89801

DED106mk
Nevada Legal Forms & Services
www.nevadalegalforms.com

EUREKA COUNTY, NV
LAND-GBS
RPTT: \$89.70 Rec: \$37.00
Total: \$126.70

2020-240792
07/06/2020 01:26 PM
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COSMIN & KRISTY HOLHOS VAIDA



00007975202002407920030038

LISA HOEHNE, CLERK RECORDER

RPTT: **GRANT, BARGAIN, and SALE DEED**

THIS INDENTURE WITNESS That the GRANTOR(S): Talin Whittenburg-Mayer
4020 Daag Circle Pahump, NV 89061

for and in consideration of Ten Dollars
(\$ 10.00), the receipt of which is hereby acknowledged, do hereby GRANT,
BARGAIN, SALE, and CONVEY to the GRANTEE(S): Cosmin & Kristy Holhos-Vaida

all that real property situated in the City of Crescent Valley, County of Eureka,
State of Nevada, bounded and described as follows: (Set forth legal description
and commonly known address)

Commonly Known Address: T30 NR48E Sec 11 SW4 NW4 NW4
T30 NR48E Sec 11 NW4 SW4 NW4

Legal Description:

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

In Witness Whereof, I/We have hereunto set my hand/our hands on 6 day of July, 2020.

Talin Whittenburg-Mayer
Signature of Grantor

Signature of Grantor

Talin Whittenburg-Mayer
Print or Type Name Here

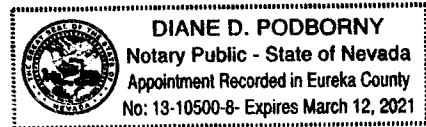
Print or Type Name Here

STATE OF Nevada)
COUNTY OF Eureka)

On this 6th day of July, 20 20, personally appeared before me, a Notary Public Talin Whittenburg-Mayer,

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Diane Podborny
Notary Public
My Commission Expires: March 12, 2021



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 005-190-31
 b) 005-190-30
 c) _____
 d) _____

2. Type of Property:
- | | | | |
|--|--------------|-----------------------------|------------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam. Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input checked="" type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| <input type="checkbox"/> | Other | | |

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 22,809,00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 89,70

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section _____
 b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 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 Talin Whittenburg Mayer Capacity Seller
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Print Name: Talin Whittenburg Mayer
 Address: 4020 Pang Circle
 City: Rahcamp
 State: NV Zip: 89061

BUYER (GRANTEE) INFORMATION
 (REQUIRED)
 Print Name: Cosmin & Kristy Holhos-Ubida
 Address: 910 Idaho St, Ste. 102-523
 City: EIKO
 State: NV Zip: 89801

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