APN: 003-433-01

EUREKA COUNTY, NV RPTT:\$78.00 Rec:\$37.00 Total:\$115.00 TRENT JOHNSON

2020-242270 11/17/2020 01:07 PM

When Recorded return to:

mail

LISA HOEHNE. CLERK RECORDER

Trent & Elizabeth Johnson P.O. Box 1255 HC 66 Unit 3 Box 6 Carlin, NV 89822 Crescent Valley, NV 59821

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE, made and entered into as of the // day of September, 2015, by and between JAMES M. KLINE, a married man, as his sole and separate property, Grantor; and TRENT JOHNSON and ELIZABETH JOHNSON, husband and wife, Grantees;

WITNESSETH:

That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00), lawful, current money of the United States of America, to him in hand paid by the said Grantees, the receipt whereof is hereby acknowledged, does by these presents grant, bargain, sell, convey and confirm unto the said Grantees, as joint tenants with right of survivorship, and not as tenants in common, and to successors and assigns of the surviving Grantee forever, all that certain real property situate, lying Eureka (EJ) and being in the County of Elko, State of Nevada, and more particularly described as follows:

Parcel 42, lying within Sections 12 and 13, TOWNSHIP 31 NORTH, RANGE 49 EAST, M.D.B&M.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT TO all covenants, conditions, restrictions, exceptions, easements, rights of way, reservations and rights, and other matters evidenced by documents of record.

TO HAVE AND TO HOLD, all and singular, the said premises, together with the appurtenances unto the said Grantees, as joint tenants with right of survivorship, and not as tenants in common, and to the successors and assigns of the Grantees forever.

IN WITNESS WHEREOF, the said Grantor has hereunto set his hand as of the day and year first hereinabove written.

AMES M. KLINE

STATE OF NEVADA

) : ss.

COUNTY OF ELKO

. 55.

On this _____ day of September, 2015, personally appeared before me, a Notary Public, JAMES M. KLINE, known or proved to me to be said person, who acknowledged that he executed the foregoing instrument.

ROBERT J. WINES
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 04-04-17
Certificate No: 93-1243-6

NOTARY PUBLIC

Commission Expires <u>9</u>

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor a)003-433-01	Parcel Number (s)		(\
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and the second s			\ \
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2. Type of Pi			FOR RECORDERS OPTIONAL USE ONLY
a) [c) [Vacant Land	b) Single Fam Res.	Notes:
e)	Condo/Twnhse Apt. Bldg.	d) 2-4 Plex f) Comm'l/Ind'l	
g) 🦳	Agricultural	f) Comm'l/Ind'l h) Mobile Home	
ŋ 🗀	Other		
3. Total Val	ue/Sales Price of	f Property: \$	20,000.00
Deed in Li	ieu of Foreclosure C	Only (value of property) \$	
Transfer Ta		\$	20,000.00
Real Prope	erty Transfer Tax Du		20,8F 200
		\ _	7 1
4. <u>If Exemption Claimed:</u>			
a. Transfer Tax Exemption, per NRS 375.090, Section:			
b. Expla	in Reason for Exemp	otion:	
NETT EX	AID UNDER CONTRA	CT OF SALE DOCUMENT 02	30030 RECORDED 10/23/2015
5. Partial Int	erest: Percentage	e being transferred:	<u>%</u>
and NRS 375.1 belief, and can provided hereir	10, that the informati be supported by doc n. Furthermore, the d	on provided is correct to the umentation if called upon to lisallowance of any claimed	perjury, pursuant to NRS 375.060 best of their information and substantiate the information exemption, or other determination ue plus interest at 1% per month.
	\ \	1	
Pursuant to N	NRS 375.030, the B	uyer and Seller shall be	jointly and severally liable for any
additional an	ount owed.	/	
Signature_			Capacity
Signature			Capacity
, .g			Oapacity
SFLLER (G	RANTOR) INFO	PMATION BUVED	CDANTEE INCODMATION
	EQUIRED)		(GRANTEE) INFORMATION (REQUIRED)
Print Name:	JAMES M. KLINE		ne: TRENT & ELIZABETH JOHNSON
Address:	PO BOX 553		HC66 UNIT 3-6
City:	CARLIN	City:	BEOWAWE
State:		89822 State:	NV Zip: 89821
		Julie,	Lip. 03021
COMPANY/	PERSON REQU	ESTING RECORDING	
(REQUIRED IF N	OT THE SELLER OR BUY	ER)	
Print Name:		,	Escrow#
Address:			
City:		State:	Zip:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)