

APN 004-410-02

Mail Tax Statements to:
Lyle G. and Debra A. Joseph
P.O. Box 924
Carlin, Nevada 89822

When Recorded Return to:
GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801

EUREKA COUNTY, NV
LAND-GRT
Rec:\$37.00
Total:\$37.00
GERBER LAW OFFICES LLP

2021-246486
10/21/2021 02:24 PM
Pgs=3



LISA HOEHNE, CLERK RECORDER

GRANT DEED

FOR THE CONSIDERATION of TEN DOLLARS (\$10.00), and other valuable consideration, the receipt of which is hereby acknowledged, LYLE G. JOSEPH and DEBRA A. JOSEPH, husband and wife as joint tenants, herein referred to as Grantors, do hereby grant, bargain and sell to LYLE G. JOSEPH and DEBRA A. JOSEPH, Trustees of the LYLE AND DEBRA JOSEPH FAMILY TRUST, dated September 28, 2021, herein referred to as Grantees, and to their successors and assigns forever, the property and premises located in the County of Eureka, State of Nevada, described as follows:

Parcel 2 as shown on that certain Amended Parcel Map for JAMES M. and HELEN M. KLINE filed in the office of the County Recorder of Eureka County, State of Nevada, on September 21, 1998, as File No. 170682, being a portion of Section 14, TOWNSHIP 32 NORTH RANGE 50 EAST, M.D.B.&M.

TOGETHER WITH all buildings and improvements thereon.

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

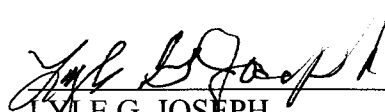
TO HAVE AND TO HOLD the described premises to the Grantees, and to their successors and assigns forever.

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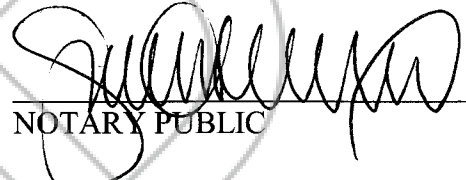
IN WITNESS WHEREOF, the Grantors have signed this Deed this 28 day of September, 2021.

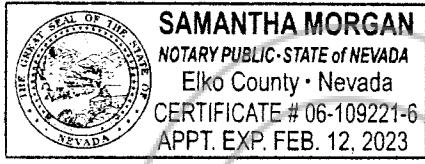

LYLE G. JOSEPH


DEBRA A. JOSEPH

STATE OF NEVADA)
 : ss.
COUNTY OF ELKO)

This instrument was acknowledged before me on September 28th, 2021, by LYLE G. JOSEPH and DEBRA A. JOSEPH.


NOTARY PUBLIC



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
a) 004-410-02
b) _____
c) _____
d) _____

2. Type of Property:
a) ___ Vacant Land b) X 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: <u>ver; fiad trust BO</u>	

3. Total Value/Sales Price of Property \$ _____
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 7
b. Explanation Reason for Exemption : A transfer of title to or from a trust without consideration if a certificate of trust is present at the time of transfer.

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 [Signature] Capacity Attorney

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Lyle G. Joseph and Debra A. Joseph

Address: P.O. Box 924
City: Carlin
State: Nevada Zip: 89822

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Lyle G. Joseph and Debra A. Joseph,
Trustees of the Lyle and Debra Joseph Family
Trust, dated September 28, 2021

Address: P.O. Box 924
City: Carlin
State: Nevada Zip: 89822

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: Gerber Law Offices, LLP Escrow #: _____
Address: 491 4th Street
City: Elko State: Nevada Zip: 89801

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED