

WHEN RECORDED MAIL TO:

**Daniel-Lynn Whittacre
Joanna Whittacre
46 Tavern Road
Stafford, VA 22554**

EUREKA COUNTY, NV
RPTT:\$167.70 Rec:\$37.00
\$204.70 Pgs=2 07/08/2022 02:18 PM
RESTFUL RETREATS LLC
KATHERINE J. BOWLING, CLERK RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That Restful Retreats LLC, a Minnesota Limited Liability Company, for valuable consideration, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to Daniel-Lynn Whittacre and Joanna Whittacre, a married couple, as joint tenants with rights of survivorship, all that real property situated in the County of Eureka, State of Nevada, bounded and described as follows:

Township 31 North, Range 49 East, M.D.B. & M.

Section 23: S1/2SE1/4;

APN: 005-090-19

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, as reserved by Southern Pacific Company, a corporation, in deed recorded April 23, 1959, in Book 25, Page 290, Deed Records of Eureka County, Nevada.

SUBJECT TO:

- 1. Taxes for the Fiscal Year**
- 2. Reservations, restrictions, conditions, rights, rights of way and easements, if any of record on said premises.**

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 7/8/22

SIGNATURES AND NOTARY ON PAGE 2

Grant, Bargain, Sale Deed - continued

Steve Hokanson
Steve Hokanson, Managing Owner
Restful Retreats LLC

Tonsha Hokanson
Tonsha Hokanson, Managing Owner
Restful Retreats LLC

ACKNOWLEDGMENT

State of MN County of Scott

On July 8, 2022 before me, Stephanie Janke
(Insert name of notary)

personally appeared Steve Hokanson and Tonsha Hokanson, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same as for the purposes therein contained.

In WITNESS whereof I hereunto set my hand and official seal.

Signature Stephanie Janke (Seal)
Notary

My Commission Expires 1/31/2023



STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 005-090-19
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

\$ 43,000

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: _____

\$ _____

Real Property Transfer Tax Due

\$ 167.70

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

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 Grantor / Manager / owner

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Restful Retreats LLC

Address: 2158 Ponds Way

City: Shakopee

State: MN Zip: 55379

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Daniel-Lynn and Joanna Whitace

Address: 46 Tavern Road

City: Stafford

State: VA Zip: 22554

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

Print Name: Restful Retreats LLC Escrow #: _____

Address: _____

City: _____

State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED