GRANT, BARGAIN, and SALE DEED

APN: 604-410-02 ROBERT CHARLES JOSEPH RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO KATHERINE J. BOWLING, CLERK RECORDER Address: P.O. Box City/State/Zip: Carlo, NV 8982 THIS INDENTURE WITNESS That the GRANTOR(S): Kobex & Charles Joseph an unmarried person __for and in consideration of Dollars (\$) the receipt of which is hereby acknowledged, do hereby GRANT, BARGAIN, SALE AND CONVEY to GRANTEE(S):_____ Robert Charles Joseph an unmarried personernd whose address is (if applicable): , situate in the City of ______, County of All that certain property in the County of Eureka, State of Nevada bounded and described as follows: & Brian Grandin and Morgan Grandin Husband and wife Together with all and singular hereditament and appeurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on _____. Signature of Grantor Signature of Grantor Robert Chades ToroPL Print or type name here Print or type name here STATE OF NEVADA COUNTY OF EUREKA By (person(s) appearing before notary public) Robert Charles Joseph TIFFANY OLSEN NOTARY PUBLIC - STATE of NEVADA My Commission expires: 2/23/2026 Elko County · Nevada CERTIFICATE TO 104863-6

EUREKA COUNTY, NV

Total:\$462.10

LAND-GBS
RPTT:\$425.10 Rec:\$37.00 03/06/2023 02:40 PM

APPT. EXP. FEB. 23, 2026

2023-249836

EXHIBIT "A" LEGAL DESCRIPTION

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 SO EAST, M.D.B.&M.



	/
DECLARATION OF VALUE FORM	
1. Assessor Parcel Number(s)	\ \
a) 004-410-02	\ \
b)	\ \
c)	\ \
d)	\ \
2. Type of Property:	<u> </u>
a) Vacant Land b) Single Fam. Res.	FOR RECORDER'S OPTIONAL USE ONLY
c) Condo/Twnhse d) 2-4 Plex	Book: Page:
e) Apt. Bldg f) Comm'i/Ind'l	Date of Recording:
g) Agricultural h) Mobile Home	Notes:
Other	
3. Total Value/Sales Price of Property	\$ 108,626
Deed in Lieu of Foreclosure Only (value of propert	
Transfer Tax Value:	\$
Real Property Transfer Tax Due	\$ 425 E
4. If Exemption Claimed:	*
a. Transfer Tax Exemption per NRS 375.090, Sec	tion
b. Explain Reason for Exemption:	
b. Explain Reason for Exemption.	
5. Partial Interest: Percentage being transferred:	%
The undersigned declares and acknowledges, un	and the second s
NRS 375.060 and NRS 375.110, that the information p	
information and belief, and can be supported by docum	entation if called upon to substantiate the
information provided herein. Furthermore, the parties	pares that disallowence of any claimed
exemption, or other determination of additional tax due	may result in a sensity of 10% of the tay
due plus interest at 1% per month. Pursuant to NRS 37	
jointly and severally liable for any additional amount o	wea.
Ci-mature 1	Capacity Buse Join
Signature	
~ 11	Capacity DOTAL STATE
N Avilled Handin	But fact Vount
Signature XX XYUUUTTOOLIN	Capacity BULL VINE
$\rightarrow \sqrt{\lambda}$	Capacity BUYLY SOINE
SELLER (GRANTOR) INFORMATION BI	Capacity BUYL / XINE JYER (GRANTEE) INFORMATION
SELLER (GRANTOR) INFORMATION BI	Capacity BUYL SINE JYER (GRANTEE) INFORMATION (REQUIRED)
SELLER (GRANTOR) INFORMATION BI (REQUIRED) Print Name: Role Charles Jaseh Pr	Capacity BULL VINT UYER (GRANTEE) INFORMATION (REQUIRED) int Name: Bio Grant Orange
SELLER (GRANTOR) INFORMATION BI (REQUIRED) Print Name: Role Charles Joseph Print Name: Role (Charles) Address: Role (See Action 1988)	Capacity BULL VINTE DYER (GRANTEE) INFORMATION (REQUIRED) int Name: Brich Grandin Morgan Crandin Idress: P.O. Box (Od)
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Role Charles Joseph Address: Possox 1586 City: Carlin City	Capacity BULL VINE JYER (GRANTEE) INFORMATION (REQUIRED) int Name: Bich Grodin Morgan Crodin Idress: P.O. Box 1061 ty: Cacho
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Role Charles Joseph Address: Posax 1596 City: Caclin Ci	Capacity BULL VINTE DYER (GRANTEE) INFORMATION (REQUIRED) int Name: Brich Grandin Morgan Crandin Idress: P.O. Box (Od)
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Role Charles Jasel Pr. Address: Po. Box 1586 City: Carlin State: L. Zip: 19812 State	Capacity BULL VINT DYER (GRANTEE) INFORMATION (REQUIRED) int Name: Bic Grant Margan Crandin Idress: P.O. Box /Oa) ty: Oar In ate: NV Zip: 89872
SELLER (GRANTOR) INFORMATION BI (REQUIRED) Print Name: Roled Charled Joseph Print Name: Roled Charled Joseph Print Name: Roled Charled Joseph Print Name: Record Pr	Capacity BULL VINT UYER (GRANTEE) INFORMATION (REQUIRED) int Name: Bic Grant Morgan Crondin Idress: P.O. Box /Ool ty: Call ate: NV Zip: 89872 IG (required if not seller or buyer)
SELLER (GRANTOR) INFORMATION BI (REQUIRED) Print Name: Role Charles Joseph Print Name: Zip: Joseph 22 City: Carles Zip: Joseph 22 COMPANY/PERSON REQUESTING RECORDING Print Name: Es	Capacity BULL VINT DYER (GRANTEE) INFORMATION (REQUIRED) int Name: Bic Grant Margan Crandin Idress: P.O. Box /Oa) ty: Oar In ate: NV Zip: 89872
SELLER (GRANTOR) INFORMATION BI (REQUIRED) Print Name: Role Charles Joseph Print Name: City: Carles State: Zip: FGF 1-2 State: Es COMPANY/PERSON REQUESTING RECORDING Print Name: Es Address: Es	Capacity BULL VINT UYER (GRANTEE) INFORMATION (REQUIRED) int Name: Bic Grant Morgan Crondin Idress: P.O. Box /Ool ty: Call ate: NV Zip: 89872 IG (required if not seller or buyer)

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED