

WHEN RECORDED MAIL TO:

Ahrens DeAngeli Law Group  
c/o David Wilson  
P.O. Box 9500  
Boise, Idaho 83707

EUREKA COUNTY, NV  
RPTT:\$0.00 Rec:\$37.00  
\$37.00 Pgs=3  
AHRENS DEANGELI LAW GROUP LLP  
KATHERINE J. BOWLING, CLERK RECORDER E07

**2023-250115**  
**05/17/2023 01:06 PM**

MAIL TAX STATEMENTS TO:  
Kimberly Sanchez  
53 Golden Road  
Mystic, Connecticut 06355

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons (Pursuant to NRS 239b.030)

APN No.: 003-302-17      SPACE ABOVE LINE FOR RECORDER'S USE ONLY  
R.P.T.T. \$0.00

GRANT DEED

Janis Roan, a single woman,

FOR NO CONSIDERATION, does hereby Grant, Bargain, Sell and Convey to

Kimberly Sanchez, as Trustee of the Janis Roan Irrevocable Gift Trust, under trust agreement dated January 24, 2023

All that real property situated in the County of Eureka, State of Nevada, described as follows:

SEE EXHIBIT A ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining


*Kimberly Sanchez, POA for Janis Roan*  
Janis Roan, by Kimberly Sanchez, as attorney-in-fact under that certain Idaho General Durable Power of Attorney signed January 24, 2023

State of Connecticut,         )  
  ss.  
County of NEW LONDON         )

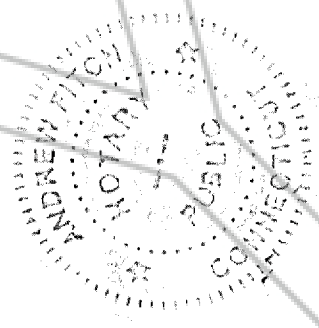
SANCHEZ

On this 16<sup>th</sup> day of MARCH, 2023, before me, ANDREW FITCH,  
the undersigned officer, personally appeared Kimberly ~~Roan~~, who proved to me to be the person  
whose name is subscribed to the within instrument as the agent/attorney-in-fact of Janis Roan and  
acknowledged that she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

  
\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Connecticut  
Date Commission Expires: 9-30-24

**ANDREW FITCH**  
NOTARY PUBLIC  
MY COMMISSION EXPIRES SEPT. 30, 2024



**EXHIBIT A**

**LEGAL DESCRIPTION**

All of that certain real property situate in the County of Eureka, State of Nevada, described as follows:

Lot 55, EL CORTEZ RANCHO UNIT NO. 1, according to the official plat thereof in the office of the County Recorder of Eureka County, Nevada.

APN: 003-302-17



**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 003-302-17  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

2. Type of Property:
- |  |  |
|--|--|
| a. <input checked="" 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 type="checkbox"/> Agricultural           | h. <input type="checkbox"/> Mobile Home      |
| <input type="checkbox"/> Other                     |  |

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ \$2,700.00  
 b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ )  
 c. Transfer Tax Value: \$ 2,700.00  
 d. Real Property Transfer Tax Due \$ 15.30

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section (7)  
 b. Explain Reason for Exemption: Property is being transferred to a Trust that the grantor is the beneficiary of.

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: *Janis Roan by Kimberly Sanchez agent* Capacity: Grantor

Signature: *Kimberly Sanchez* Capacity: Grantee

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: Janis Roan  
 Address: 343 Monroe Street  
 City: Twin Falls  
 State: Idaho Zip: 83301

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: Kimberly Sanchez, Trustee  
 Address: 53 Golden Rd.  
 City: Mystic  
 State: CT Zip: 06355

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_