

EUREKA COUNTY, NV
LAND-GRT
RPTT:\$161.85 Rec:\$37.00
Total:\$198.85

2024-253087

09/13/2024 01:26 PM

Pgs=3

MICHAEL LOUIS SHARKOZY



00021182202402530870030033

KATHERINE J. BOWLING, CLERK RECORDER

APN: 02-057-05
Return document to:
Michael Louis Sharkozy
5018 Tenabo Ave
Crescent Valley, NV 89821

Mail tax statements to:
Michael Louis Sharkozy
5018 Tenabo Ave
Crescent Valley, NV 89821

In compliance with NRS 239B.030, I, the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security number.

GRANT DEED

This GRANT DEED, executed this 24th day of May , 2024, by the grantor,
JoAnne Thomas
150 Steger Dr.
South Lebanon, OH 45065

for the consideration of

in hand paid, does hereby grant, bargain, and sell forever to the grantee,
Michael Louis Sharkozy
5018 Tenabo Ave
Crescent Valley, NV 89821

all right, title, and interest in and to the following real property situated in the County of Eureka , State of Nevada, legally described as:
LOT 7, BLOCK 32, CRESCENT VALLEY RANCH & FARMS, UNIT 1

Commonly known as: 5016 Tenabo Ave, Crescent Valley, NV 89821

Source of title:

Being the same property described in the conveyance recorded March 6, 2014 at Book 563 Page 0249 as Document no. 0227031 in the office of the Recorder of Eureka County, Nevada.

THIS CONVEYANCE is made subject to: taxes for the present fiscal year and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and rights of way record, if any.

IN WITNESS WHEREOF, the grantor has signed and sealed these presents on the day first above written.

Signed, sealed and delivered in the presence of:

[Signature]
Signature
JoAnne Thomas
Print name
Grantor
Capacity

Michael V. Caldwell
Signature
MICHAEL V. CALDWELL
Print name
FRIEND
Capacity

Signature

Print name

Capacity

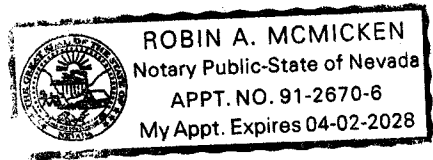
Signature
Carol J Caldwell
Print name
Carol J Caldwell
Capacity
FRIEND

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

STATE OF Nevada)
COUNTY OF Elko)

This instrument was acknowledged before me on the 24 day of May, 2024, by JoAnne Thomas

Robin A. McMicken
Notary Public
Robin A. McMicken
Print name
My commission expires:
April 2, 2028



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) APN: 02-057-05
 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 \$ 41,087
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 161.85

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 Grantee
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: JoAnne Thomas
 Address: 150 Steger Dr
 City: South Lebanon
 State: Ohio Zip: 45065

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Michael Shakory
 Address: 5018 Tenaba Ave
 City: Crescent Valley
 State: NV Zip: 89827

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____