APN# 1-136-17
Recording Requested By:
Name Robert Kennedy II
Address P.O. BOX 119
City/State/Zip Eurcka M
893110

EUREKA COUNTY, NV LAND-DLF Rec:\$37.00 Total:\$37.00 ROBERT KENNEDY II

2024-253323 11/08/2024 09:28 AM

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KATHERINE J. BOWLING, CLERK RECORDER

Forechoure (Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

A.P.N No.: 001-136-17

When recorded Mail to:

Robert Dale Kennedy II P.O. Box 119 Eureka, NV 89316

Mail Tax Statments to: Same as above

DEED IN LIEU OF FORECLOSURE

This Deed is made on this day of November 30th, 2024 between Grantor Eve Bentley Miller, a married woman of address PO BOX 89242, Tucson, AZ 85752 and the Grantee Robert Dale Kennedy of address PO BOX 119, Eureka NV 89316

For Valuable consideration, the receipt of which is hereby acknowledged, the Grantor hereby deed the Grantee in lieu of foreclosure, the following described real property:

Property Address: 201 S Spring Street, Eureka, NV 89316

Legal Description:

Lots 9, 10, 11, 12, and 13 on Block 7, as shown on the plat of the Town Of Eureka, filed in the office of the County Recorder of Eureka County, Nevada.

EXPECTING THEREFROM all uranium, thorium, or any other material which is or may be peculiarly essential to the production of fissionable materials, whether or not of commercial value, reserved by the United States of America, in patent recorded December 19, 1947, in Book 23, Page 226, Deed Records, Eureka County, Nevada.

This deep is an absolute conveyance, the Grantor having sold the above described real property to the Grantee for goods and valuable consideration, such consideration being the full satisfaction of all obligations secured by the Deed of Trust (record # 2022-248892) hereto executed by the Grantor. The Grantor declares that this conveyance is freely and fairly made and that there are no agreements, written or oral, other than this deed between the Grantor and the Grantee with respect to the real property described above.

EXECUTED this day of October 30th, , 20 24	
Grantor Name: EVE BENTLEY MILLER	
Grantor Signature: 2 Miller —	
STATE OF ORIZANA	PG 01 of 02

COUNTY OF PIMA
On this day, personally appeared before me, <u>EVE BENTLEY</u> <u>MILLER</u> , to me known to be the person described in and who executed the within instrument, and acknowledged that he/she signed the same as his / her voluntary act and deed, for the uses and purposes therein mentioned.
Witness my hand and official seal hereto affixed on this day of 30h 0CY0BER, 20 34.
Notary Public Signature: Contact Contact
My Commission expires: 01-03-005

STATE OF NEVADA DECLARATION OF VALUE FORM	
1. Assessor Parcel Number(s)	()
a) 001-1310-17	\ \
b)	\ \
c)	\ \
d)	\ \
2. Type of Property:	
a) Vacant Land b) Single Fam. F	Res. FOR RECORDER'S OPTIONAL USE ONLY
c) Condo/Twnhse d) 2-4 Plex	Book: Page:
e) Apt. Bldg f) Comm'l/Ind'l	
g) Agricultural h) Mobile Home	
Other	
3. Total Value/Sales Price of Property	\$ 210,000.00
Deed in Lieu of Foreclosure Only (value of pro	
Transfer Tax Value:	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Real Property Transfer Tax Due	s 0
4. If Exemption Claimed:	
a. Transfer Tax Exemption per NRS 375.090,	Section
b. Explain Reason for Exemption:	
b. Explain found for Exemplication	
5. Partial Interest: Percentage being transferred:	%
The undersigned declares and acknowledge	s, under penalty of perjury, pursuant to
NRS 375,060 and NRS 375,110, that the information	on provided is correct to the best of their
information and belief, and can be supported by do	cumentation if called upon to substantiate the
information provided herein. Furthermore, the part	ties 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 NR	S 375.030, the Buyer and Seller shall be
jointly and severally liable for any additional amou	int owed.
	\
Signature	Capacity GRANTEE
Signature	Capacity
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name:	Print Name: ROBERT Kenned 4
Address:	Address: Po. Box /19
City:	City: FIARCHA
State: Zip:	City: <u>FURCHA</u> State: NII Zip: 89316
	•
COMPANY/PERSON REQUESTING RECOR	DING (required if not seller or buyer)
Print Name:	Escrow#:
Address:	
City:	State: Zip:

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED