

APN: 5-170-16

When Recorded, Mail to:
Grant Morris Dodds
2520 St. Rose Pkwy, Suite 319
Henderson, NV 89074

Mail Tax Statements to:
William R. Ott and Ofelia L. Ott
9880 Old Frederick Road
Ellicott City, MD 21042

EUREKA COUNTY, NV
RPTT:\$0.00 Rec:\$37.00
\$37.00 Pgs=3

2025-254490

04/29/2025 04:33 PM

GRANT MORRIS DODDS, PLLC
KATHERINE J. BOWLING, CLERK RECORDER E05

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That **William R. Ott, a married man who acquired title as an unmarried man**, for good and other valuable consideration, does hereby Grant, Bargain, Sell and Convey to **William R. Ott and Ofelia L. Ott, husband and wife as joint tenants with right of survivorship**, all of his right, title and interest in that real property situated in the County of EUREKA, State of NEVADA, bounded and described as follows:

TOWNSHIP 30 NORTH, RANGE 48 EAST MDB&M

Section 1: NE ¼ SE ¼

SUBJECT TO: all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights or way of record.

TOGETHER WITH: any and all buildings and improvements situated thereon.

TOGETHER WITH: the tenements, hereditaments, and appurtenances thereunto belonging or pertaining, and the reversion and reversions, remainder and remainders, rents issues and profits thereof.

GRANTEE'S ADDRESS: 9880 Old Frederick Road
Ellicott City, MD 21042

Together with all and singular the tenements, hereditaments and appurtenances thereunto
belonging or in any wise appertaining.

Witness his hand this 22 day of April 2025.



WILLIAM R. OTT

STATE OF MARYLAND)
) ss.
COUNTY OF HOWARD)

On this 22 day of April, 2025, before me the undersigned, a Notary Public in
and for the said County of Howard, State of Maryland, personally appeared WILLIAM
R. OTT, personally known to me (or proved to me on the basis of satisfactory evidence)
to be the person whose name is subscribed to the within instrument and acknowledged
to me that he executed the same in his authorized capacity, and that by his signature
on the instrument, the person, or the entity upon behalf of which the person acted,
executed the instrument.

WITNESS my hand and official seal.



NOTARY PUBLIC

YO SUP BAK
NOTARY PUBLIC
HOWARD COUNTY
MARYLAND

My Commission Expires Aug. 20, 2028

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 5-170-16
b) _____
c) _____

FOR RECORDER'S OPTION USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

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

3. Total Value/Sales Price of Property

\$ 0.00

Deed in Lieu of Foreclosure Only (value of property)

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Transfer Tax Value

\$ 0.00

Real Property Transfer Tax Due

\$ 0.00

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 05

b. Explain Reason for exemption: Transfer to between spouse

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 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 Attorney for Grantor/Grantee

Signature _____

Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: William R. Ott
Address: 9880 Old Frederick Rd.
City: Ellicott City
State: MD Zip: 21042

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: William R. Ott and Ofelia L. Ott
Address: 9880 Old Frederick Rd.
City: Ellicott City
State: MD Zip: 21042

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

Print Name: Grant Morris Dodds, PLLC
Address: 2520 St. Rose Pkwy. #319
City: Henderson

Escrow #: _____

State: Nevada Zip: 89074

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILED