Recording requested by:

Gold Mind Land, LLC 1865 Herndon Avenue Suite K622 Clovis, CA 93611

and when recorded, please return this deed and tax statements to:

Gold Mind Land, LLC 1865 Herndon Avenue Suite K622 Clovis, CA 93611

EUREKA COUNTY, NV Total:\$169.60

2025-254499 LAND-WAD
RPTT:\$132.60 Rec:\$37.00 05/06/2025 10:59 AM

GOLD MIND LAND LLC



KATHERINE J. BOWLING, CLERK RECORDER

GENERAL WARRANTY DEED

Assessor's Parcel Number for Conveyed Property: 005-740-11

THE GRANTOR(s): Anthony Kolp FOR VALUABLE CONSIDERATION, GRANTS, BARGAINS, SELLS and WARRANTS to. Gold Mind Land, LLC ("Grantee"), all right, title, interest and claim to the following real estate in the County of Eureka State of Nevada with the following legal description:

TOWNSHIP 30N RANGE 48E, M.D.B.&M. **SECTION 35; LOT 49 MAP #145741**

APN# 005-740-11

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever IN FEE SIMPLE; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any part thereof. Grantor conveys ALL right, title and interest to coal, oil, gas, and other minerals of every kind and nature whatsoever existing on, beneath the surface of, or within the land. There shall be a 30' foot easement around all borders of the property for access and utility purposes.

EXECUTE	D this 30	_ day of	April	, 2025	\ \
An	thony Kolp		tor(s)	, 2023	+ /
		<u> </u>			1
		Signature			
On Appropriate App	ppeared <u>Anth</u>	AUKEE , before me ony Kolp	, who proved	} } ontaine notary public to me on the basis o	\mathbf{f}
saustactory	evidence to be	e the person	whose name	is subscribed to the	within
instrument a	nd			× /	
acknowledge	ed to me that l	he executed	the same in h	nis authorized capaci	ty, and
that by his si	gnature on the	e instrumen	t the person o	r the entity upon bel	alf of
which the pe	rson acted, ex	ecuted the	instrument.		
			76. 16.	laws of the State of	•
Wisconsin th	at the foregoi	ng paragrap	h is true and	Correct	
WITNESS m	y hand and o	fficial seal.,		officet.	
Signature _	Saraf Co	in fu	K		
(seal)	SARAH ANN Notary P State of Wi	ublic	Cou 3	11550N ExPIR 120128	e 5

STATE OF NEVADA	^
DECLARATION OF VALUE FORM	
1. Assessor Parcel Number(s)	
a) 805-740-11	\ \
b)	
c)	\ \
d)	
2. Type of Property:	
	Fam. Res. FOR RECORDER'S OPTIONAL LISE ONLY
c) Condo/Twnhse d) 2-4 Ple	THE SECTION OF CHAPT
	'I/Ind'1 Date of Recording:
g) Agricultural h) Mobile	- I to ot it out the control of the
Other	Home Hotes.
3. Total Value/Sales Price of Property	\$ 33,900,
Deed in Lieu of Foreclosure Only (value	of property)
Transfer Tax Value:	S S
Real Property Transfer Tax Due	() / 22 69
4. If Exemption Claimed:	130 /100
a. Transfer Tax Exemption per NRS 37	5.090 Section
b. Explain Reason for Exemption:	7
	\/ \/
5. Partial Interest: Percentage being transfer	red %
The undersigned declares and acknow	vledges, under penalty of perjury, pursuant to
NRS 375.060 and NRS 375.110, that the info	rmation 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	ne parties agree that disallowance of any claimed
exemption, or other determination of addition	nal 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	Capacity_Sclen
\ \ \	Cupacity
Signature	Capacity
→ / /	
SELLER (GRANTOR) INFORMATIO	N BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: HUThowa Lolo	Print Name: Gole MIND LAND LLC
Address: 1426 E. HowARD Ave	Address: 1865 HERHDOW AW # K622
City: MILWAUKEE	City: CLOVIS
State: (V) Zip: 532 07	State: CA Zip: 93611
COMPANY/PERSON REQUESTING REA	CORDING (required if not seller or buyer)
Print Name:	Escrow #:
Address:	DUVION II.
City:	State: Zip:
/ /	State: Zip:

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED