

Official RecordRecording requested By
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT: \$56.55

Recorded By: LB

Book- 236 Page- 0615

A.P.N.: 003-142-04
File No: 152-2338113 (MJ)
R.P.T.T.: \$56.55



0130158

When Recorded Mail To: Mail Tax Statements To:
Phil Brown
Post Office Box 66207
Albuquerque, NM 87193

GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Eleanor Mae Brown, an unmarried woman, who acquired title as Eleanor M. Reeve, a married woman

do(es) hereby *GRANT, BARGAIN and SELL* to

Phil Brown, a single man

the real property situate in the County of Lincoln, State of Nevada, described as follows:

LOT NUMBERED THIRTEEN (13) IN BLOCK "B" OF THE WEST END ADDITION TO THE CITY OF CALIENTE, NEVADA, EXCEPTING THEREFROM A STRIP OF LAND 10 FEET WIDE ALONG THE ENTIRE NORTHEAST BOUNDARY THEREOF, AS SAID LOT AND BLOCK ARE SHOWN ON THE OFFICIAL PLAT OF SAID WEST END ADDITION NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, AND TO WHICH PLAT AND THE RECORDS THEREOF, REFERENCE IS HEREBY MADE FOR FURTHER PARTICULAR DESCRIPTION.

Subject to

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Date: 10/02/2007

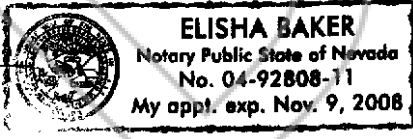


Eleanor Mae Brown
Eleanor Mae Brown

STATE OF **NEVADA**)
) : ss.
COUNTY OF **LINCOLN**)

This instrument was acknowledged before me on 2 November 2007 by **Eleanor Mae Brown**.

Elisha Baker
Notary Public



(My commission expires:
Nov. 9, 2008)

This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **October 02, 2007** under Escrow No. **152-2338113**.

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STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

- a) 003-142-04
- 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
- i) Other Land and Mobil home BS

FOR RECORDERS OPTIONAL USE	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property: \$14,470.00

Deed in Lieu of Foreclosure Only (value of property) (\$ _____)

Transfer Tax Value: \$14,470.00

Real Property Transfer Tax Due \$56.55

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption, per 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: _____ Capacity: _____

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)

(REQUIRED)

Print Name: Eleanor Mae Brown

Print Name: Phil Brown

Address: P.O. Box 674

Address: Post Office Box 66207

City: Caliente

City: Albuquerque

State: NV Zip: 89008

State: NM Zip: 87193

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

First American Title Insurance

Print Name: Company

File Number: 152-2338113 MJ/LK

Address: 768 Aultman Street

City: Ely

State: NV Zip: 89301

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)

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Signature: Eleanor Mae Brown

Capacity: SELLER

Signature: _____

Capacity: _____

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(REQUIRED)

(REQUIRED)

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