

DOC # 0136601

10/21/2010

04:18 PM

Official Record

Recording requested By
OSHINS & ASSOCIATES LLC

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT.

Recorded By: AE

Book- 259 Page- 0126



This deed was prepared by:

OSHINS & ASSOCIATES, LLC
1645 Village Center Circle #170
Las Vegas, NV 89134
TELEPHONE: (702) 341-6000

MAIL TAX NOTICE/BILL/RECORDED DEED TO:

Bulloch Farms, LLC
c/o Boyd C. Bulloch, Manager
P. O. Box 961
Caliente, NV 89008

COPY

State of Nevada
Declaration of Value Form

Recording requested By
OSHINS & ASSOCIATES LLC

Lincoln County - NV
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Page 1 of 1 Fee: \$15.00
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- 1. Assessor Parcel Number(s)
 - a) 012-170-20
 - 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 _____

FOR RECORDER'S OPTION USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: LLC paperwork on file

- 3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ _____

- 4. **If Exemption Claimed:**
 - a. Transfer Tax Exemption, per NRS 375.090, Section: 09
 - b. Explain Reason for Exemption: Transfer to a business entity of which Grantors are 100% owners

- 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 the 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 _____ Grantor

Signature [Signature] Capacity _____ Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Boyd C. Bulloch and Patricia Bulloch
Address: P. O. Box 961
City: Caliente
State: NV Zip: 89008

Print Name: Bulloch Farms, LLC
Address: P. O. Box 961
City: Caliente
State: NV Zip: 89008

COMPANY REQUESTING RECORDING (required if not seller or buyer)

Print Name: Oshins & Associates, LLC Esc. #: _____
Address: 1645 Village Center Circle, Ste. 170
City: Las Vegas, State: Nevada Zip: 89134

As a public record this form may be recorded/micro-filmed. Kat