

APN: 13-110-24
13-110-25
Affix R.P.T.T. \$

WHEN RECORDED MAIL TO and MAIL TAX
STATEMENTS TO:



GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That

Steve T Culverwell, Sandra C Webster, & Valerie K. Culverwell
in consideration of \$10.00 and other valuable consideration, the receipt of which is hereby
acknowledged, do hereby Grant, Bargain, Sell and Convey to

Adam & Helena Katschke

all that real property situated in the County of Lincoln, State of Nevada, bounded and described as
follows:

Parcels 3 & 4 as described in Parcel Map, Plat
Book D, Page 105, Doc # 0144137 with the assigned
APN's 13-110-24 & 13-110-25

- Subject to:
1. Taxes for the current fiscal year, paid current.
 2. Conditions, covenants, restrictions, reservations, rights, rights of way and easements now of record, if any.

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

Witness my/our hand(s) on

Steve T Culverwell
Steve T Culverwell

Sandra C. Webster
Sandra C. Webster

Valerie K. Culverwell
Valerie K. Culverwell



STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

On this 7th NOV. 2013
appeared before me, a Notary Public,
Steve T. Culverwell
Valerie K. Culverwell

personally known or proven to me to be
the person(s) whose name(s) is/are
subscribed to the above instrument, who
acknowledged that he/she/they executed
the instrument for the purposes therein
contained.

Crystal Budreau
Notary Public

My commission expires: Mar. 20, 2015



STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On this 16TH DAY OF NOVEMBER 2013
appeared before me, a Notary Public,
SANDRA CULVERWELL WEBSTER

personally known or proven to me to be
the person(s) whose name(s) is/are
subscribed to the above instrument, who
acknowledged that he/she/they executed
the instrument for the purposes therein
contained.

[Signature]
Notary Public

My commission expires: AUG 29, 2017



Recording requested By
ADAM KATSCHKE

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 3 Fee: \$15.00
Recorded By: AE RPTT: \$150.15
Book- 284 Page- 0146

STATE OF NEVADA
DECLARATION OF VALUE FORM

- Assessor Parcel Number(s)
 - 13-110-24
 - 13-110-25
 -
 -

- Type of Property:

a) <input checked="" type="checkbox"/> Vacant Land	b) <input type="checkbox"/> Single Fam. Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
<input type="checkbox"/> Other	

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

- Total Value/Sales Price of Property \$ 38,500
 Deed in Lieu of Foreclosure Only (value of property) ()
 Transfer Tax Value: \$
 Real Property Transfer Tax Due \$

4. If Exemption Claimed:

- Transfer Tax Exemption per NRS 375.090, Section _____
- Explain Reason for Exemption: _____

- 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 Steve T Culverwell Capacity Owner

Signature Adam P Katschke Capacity Buyer

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Steve T Culverwell
Address: 101 Alexander Place
City: Caliente
State: NV Zip: 89008

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Adam P Katschke
Address: 4 Haystack Ln Box 253
City: Caliente
State: NV Zip: 89008

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

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) _____
- 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
- Other _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: _____

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 _____
- 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
(REQUIRED)

Print Name: Sandra C. Webster
 Address: 8765 Bridgeport Bay
 City: Las Vegas
 State: NV Zip: 89147

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Helena C. Katschke
 Address: 4 Haystack Ln Box 253
 City: Caliente
 State: NV Zip: 89008

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) _____
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|-----------------------------|------------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam. Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| <input type="checkbox"/> | Other | | |

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

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 _____
- 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
(REQUIRED)

Print Name: Valerie K. Culverwell
Address: 155 Culverwell St.
City: Caliente
State: NV Zip: 89008

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

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

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____