

APN: 01-112-20
Recording requested by and mail documents and
tax statements to:
Name: Florence J Anthony
Address: PO Box 628
City/State/Zip: Pioche, NV 89043



OFFICIAL RECORD
AMY ELMER, RECORDER

RPTT: 35.00 **GRANT, BARGAIN, and SALE DEED**

THIS INDENTURE WITNESS that: Daryl L Mason, Trustee, Barbara Jean Mason
1996 Living Trust

(hereinafter called GRANTOR(S)) in consideration of Seventy Thousand Dollars
\$ 70,000.00, the receipt of which is hereby acknowledged, do hereby GRANT,
BARGAIN, SALE and CONVEY to: Florence J Anthony

(hereinafter called GRANTEE(S)) all that real property situated in the City of Pioche
County of Lincoln, State of Nevada, bounded and described as follows:

LOT 53, 54, 55, IN BLOCK 26 IN THE TOWN OF PIOCHE, LINCOLN COUNTY,
NEVADA AS SAID LOT AND BLOCK ARE PLATTED AND DESCRIBED ON THE
OFFICIAL PLAT OF SAID TOWN OF PIOCHE, NOW ON FILE AND OF RECORD IN
THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, NEVADA
AND TO WHICH PLAT AND THE RECORDS THEROF IS HEREBY MADE FOR
FURTHER PARTICULAR DESCRIPTION.

849 ELY ST, PIOCHE, NEVADA 89043

Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 29 day of July, 20 19.

Daryl L. Mason
Signature of Grantor
Daryl L Mason
Print or Type Name Here

Signature of Grantor

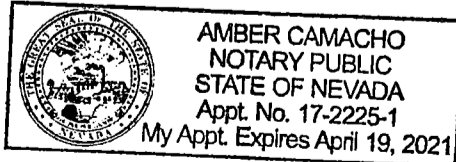
Print or Type Name Here

STATE OF NEVADA)
)
COUNTY OF CLARK)

On this 29th day of July, 20 19, personally appeared before
me, a Notary Public, _____

personally known to me OR proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein,
who acknowledged to me that they executed the same freely and voluntarily and for the uses and
purposes therein mentioned. Witness my hand and official seal.

Amber Camacho
Notary Public
My commission expires: April 19, 2021
Consult an attorney if you doubt this forms fitness for your purpose.



AGREEMENT FOR THE SALE OF REAL ESTATE

THIS AGREEMENT, made between Daryl L Mason, Trustee, Barbara Jean Mason 1996 Living Trust
whose address is, 6133 E Owens Ave, Las Vegas, Nevada 89110 hereinafter
designated as "SELLER," and Florence J Anthony Anthony Jw.
whose address is, PO Box 628, Pioche, Nevada 89043 hereinafter
designated as "BUYER." Dated this 29th day of July, 2019

WITNESS that Seller, in consideration of covenants and agreements herein after contained agrees to sell and convey to Buyer, and Buyer agrees to buy the following described real property located in (city) Pioche, (state) Nevada

COMMONLY KNOWN ADDRESS 849 Ely St, Pioche, Nevada 89043

LEGAL DESCRIPTION LOT 53, 54, 55, IN BLOCK 26 IN THE TOWN OF PIOCHE, LINCOLN COUNTY, NEVADA AS SAID LOT AND BLOCK ARE PLATTED AND DESCRIBED ON THE OFFICIAL PLAT OF SAID TOWN OF PIOCHE, NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, NEVADA.

IN CONSIDERATION therefor, Buyer agrees to pay Seller Daryl L Mason
Seventy Thousand and no cents DOLLARS (\$ 70,000.00) in lawful
money of the United States. Taxes subsequent to the above date are to be paid by Buyer, and shall agree to pay all assessments levied subsequent to date hereof.

IN WITNESS WHEREOF, said parties have hereunto affixed their signatures the day and year first above written.

Daryl L Mason
Seller

Daryl L Mason, Trustee
Print or type name

Anthony
Buyer

Florence J Anthony
Print or type name

Seller

Print or type name

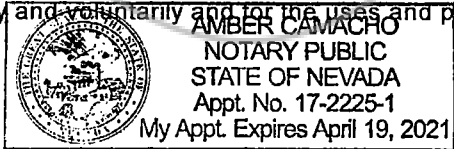
Buyer

Print or type name

STATE OF NEVADA)
COUNTY OF CLARK)

On this 29th day of August ARC July, 20 19, personally appeared before me, a Notary Public,

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.



Notary Public
My commission expires: 04-19-2021

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a. 01-112-20
- b. _____
- c. _____
- d. _____

2. Type of Property:

- | | | | | |
|-----------------------------|--------------|--|------------------|----------------------------------|
| a. <input type="checkbox"/> | Vacant Land | b. <input checked="" type="checkbox"/> | Single Fam. Res. | FOR RECORDER'S OPTIONAL USE ONLY |
| c. <input type="checkbox"/> | Condo/Twnhse | d. <input type="checkbox"/> | 2-4 Plex | Book: _____ Page: _____ |
| e. <input type="checkbox"/> | Apt. Bldg | f. <input type="checkbox"/> | Comm'l/Ind'l | Date of Recording: _____ |
| g. <input type="checkbox"/> | Agricultural | h. <input type="checkbox"/> | Mobile Home | Notes: _____ |
| <input type="checkbox"/> | Other | | | |

3. a. Total Value/Sales Price of Property \$ 70,000.00
- b. Deed in Lieu of Foreclosure Only (value of property) (_____)
- c. Transfer Tax Value: \$ 70,000.00
- d. Real Property Transfer Tax Due \$ 273.00

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 Daryl L. Mason Capacity GRANTOR

Signature [Signature] Capacity GRANTEE

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Daryl L Mason, Trustee
 Address: 6133 E Owens Ave
 City: Las Vegas
 State: Nevada Zip: 89110

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Florence J Anthony
 Address: PO Box 628
 City: Pioche
 State: Nevada Zip: 89043

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

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

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a. 01-112-20
- b. _____
- c. _____
- d. _____

2. Type of Property:

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|--|---|----------------------------------|
| a. <input type="checkbox"/> Vacant Land | b. <input checked="" type="checkbox"/> Single Fam. Res. | FOR RECORDER'S OPTIONAL USE ONLY |
| c. <input type="checkbox"/> Condo/Twnhse | d. <input type="checkbox"/> 2-4 Plex | Book: _____ Page: _____ |
| e. <input type="checkbox"/> Apt. Bldg | f. <input type="checkbox"/> Comm'l/Ind'l | Date of Recording: _____ |
| g. <input type="checkbox"/> Agricultural | h. <input type="checkbox"/> Mobile Home | Notes: _____ |
| <input type="checkbox"/> Other _____ | | |

3. a. Total Value/Sales Price of Property: \$ 70,000.00
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Signature Daryl L. Mason Capacity GRANTOR

Signature Florence J. Anthony Capacity GRANTEE

<u>SELLER (GRANTOR) INFORMATION</u> (REQUIRED)	<u>Barbara Jean</u>	<u>BUYER (GRANTEE) INFORMATION</u> (REQUIRED)
Print Name: <u>Daryl L Mason, Trustee</u>	<u>MASON</u>	Print Name: <u>Florence J Anthony</u>
Address: <u>6133 E Owens Ave</u>	<u>1996 Living</u>	Address: <u>PO Box 628</u>
City: <u>Las Vegas</u>	<u>Trust</u>	City: <u>Pioche</u>
State: <u>Nevada</u> Zip: <u>89110</u>		State: <u>Nevada</u> Zip: <u>89043</u>

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

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: NV Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED