

143382

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That EVALENA E. COOPER

, hereinafter called grantor, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any-wise appertaining, situated in the County of Eureka, State of Nevada, described as follows, to-wit:

Assessor's Parcel Number 5-230-03

10 Acres, Sec. 27, Township 30, Range 48 MDB&M NE 1/4 NE 1/4 of NW 1/4, Eureka County, Nevada

BOOK 242 PAGE 545
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Thomas Ya Follett
92 DEC 10 P2:07
EUREKA COUNTY, NEVADA
M. N. REBALEATI, RECORDER
FILE NO. 143382
FEES \$ 5.00

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever. The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 10.00

However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which) (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.) In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals. In Witness Whereof, the grantor has executed this instrument this 10th day of March, 1991, at Eureka, Nevada. If a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized thereto by order of its board of directors. THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-SCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS, BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT. THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Evalena E. Cooper

STATE OF OREGON, County of Clatsop
This instrument was acknowledged before me on 10th day of December, 1991, by Evalena E. Cooper
This instrument was acknowledged before me on 10th day of December, 1991, by _____

My commission expires 9.29.95
Notary Public for Oregon
Kathy A. Wadsworth



GRANTOR'S NAME AND ADDRESS

Evalena E. Cooper

GRANTEE'S NAME AND ADDRESS

David T. Cooper
P.O. Box 546
Molalla, Oregon 97038

NAME, ADDRESS, ZIP

David A. Cooper
P.O. Box 546
Molalla, Oregon 97038

Until a change is requested all tax statements shall be sent to the following address.

NAME, ADDRESS, ZIP

David A. Cooper
P.O. Box 546
Molalla, Oregon 97038

STATE OF OREGON,

County of _____

I certify that the within instru-

ment was received for record on the

_____ day of _____, 19____,

at _____ o'clock _____ M., and recorded

in book/reel/volume No. _____ on

page _____ or as document/fee/file/

instrument/microfilm No. _____

Record of Deeds of said county.

Witness my hand and seal of

County affixed.

BOOK 242 PAGE 545
Deputy



OREXA COUNTY, NEVADA
DECLARATION OF VALUE

Recording Date 12/10/93 Book 242 Page 546 Instrument # 143382

Full Value of Property Interest Conveyed _____ \$
 Less Assumed Liens & Encumbrances _____ \$
 Taxable Value (NRS 375.010, Section 4) _____ \$
 Real Property Transfer Tax Due _____ \$

Explain: _____

Transfer or sale between family members
 Parcel # 5-230-03
 mother to son

Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL
 Under penalty of perjury, I hereby declare that the above statements are correct.
 Signature of Declarant David A Cooper
 Name (Please Print) David A. Cooper, AKA David T. Cooper
 P.O. Box 428
 Address Candy, Ore 97013
 State _____ Zip _____

ESCROW HOLDER
 Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.
 Signature of Declarant _____
 Name (Please Print) _____
 Escrow Number _____
 Firm Name _____
 Address _____
 City _____ State _____ Zip _____

Tax paid for the above transfer on 12/10, 1992, per NRS 375.030, Section 3.

Signature of Recorder or Representative _____