

146129

Quitclaim Deed

Dated this 24 day of JUNE, 19 93

For valuable consideration, the sum of TEN DOLLARS.

DOLLARS (\$ 10.00)

I and/or We, RITA STITZEL

the undersigned,

Do hereby REMISE, RELEASE, and FOREVER QUITCLAIM to: CAMRON STITZEL

the following described real property in the State of NEVADA, County of EURKA (Set forth legal description of real property AND commonly known address, if known)

THE SOUTH WEST QUARTER, OF THE SOUTH EAST QUARTER, OF SEC. 36. TOWNSHIP: 32N; RANGE: 51E.

40.0 ACRES TOTAL.

PINE VALLEY CARLIN, NEV. 89822.

ASSASSORS PARCEL NO. (APN) 04-370-22

IN WITNESS WHEREOF, I/We hereunto set my hand/our hands this 24 day of June, 19 93

Signature

Rita Stitzel

(Print name here)

RITA STITZEL

Signature

Camron Stitzel

(Print name here)

CAMRON STITZEL

RECORDING REQUESTED BY AND MAIL TO

NAME

ADDRESS

CITY/ST/ZIP

If applicable mail tax statements to

NAME

ADDRESS

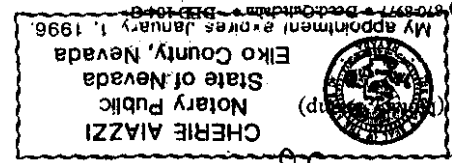
CITY/ST/ZIP

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that they executed the instrument.

WITNESS my hand and official seal

Cherie Aiazzi

NOTARY PUBLIC



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BOOK 250 PAGE 081

146129

EURKA COUNTY, NEVADA
PLN. REBAL. RECORDER
FILE NO. FEE \$5

'93 AUG 17 P 3:49

Camron Stitzel

BOOK 250 PAGE 081
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

DECLARATION OF VALUE

Recording Date 8/17/93 Book 250 Page 081 Instrument 146129

Full Value of Property Interest Conveyed \$ _____

Less Assumed Liens & Encumbrances _____

Taxable Value (NRS 375.010, Section 2) \$ _____

Real Property Transfer Tax Due \$ Exempt

If exempt, state reason. NRS 375.090, Section _____ Explain: _____

INDIVIDUAL		ESCROW HOLDER	
Under penalty of perjury, I hereby declare that the above statements are correct.	<i>James M. ...</i>	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	<i>James M. ...</i>	Signature of Declarant	
Name (Please Print)	<i>James M. ...</i>	Name (Please Print)	
Address	<i>Carlem NV 89822</i>	Address	
City		City	
State		State	
Zip		Zip	
Escrow Number		Escrow Number	
Firm Name		Firm Name	
Address		Address	
City		City	
State		State	
Zip		Zip	

NTC 6/22/93