

QUITCLAIM DEED

153642

THIS INSTRUMENT WITNESSETH: That Katherine Black

party of the first part, in consideration of \$10.00 the receipt of which is hereby acknowledged, do hereby remise, release, and forever quitclaim unto William E. Black, P. O. Box 429 Eureka, Nevada 89316.

party of the second part, and to his heirs and assigns, all of their right, title, and interest in and to all that real property situate in Eureka County, State of Nevada more particularly described as follows:

Parcel D, Lot 4, of Lot 3, of Parcel A, Large Division Map, E, 2S.17, T.20N., R.53E., MDB&M.. APN# 07-396-17

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

TO HAVE AND TO HOLD the said property, together with the appurtenances, unto the said part of the second part, and to heirs and assigns forever.

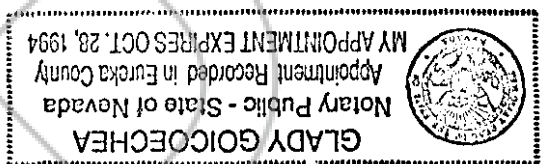
WITNESS my hand this 14 day of July 19 94

Katherine Black

Katherine Black, Grantor  
P. O. Box 580 Eureka, NV

NOTARY SEAL:

*Gladys Goicochea*



BOOK 271 PAGE 223  
EUREKA COUNTY, NEVADA  
M.N. REBAL EATL. RECORDER  
FILE NO. 153642  
FEE \$ 700

BOOK 271 PAGE 223  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
William Black  
94 JUL 14 AM 0:41

DECLARATION OF VALUE

Recording Date 7-14-94 Book 271 Page 223 Instrument 153642

Full Value of Property Interest Conveyed \_\_\_\_\_ \$

Less Assumed Liens & Encumbrances \_\_\_\_\_ -

Taxable Value (MRS 375.B1B, Section 2) \_\_\_\_\_ \$

Real Property Transfer Tax Due \_\_\_\_\_ \$

0 - Exempt

If exempt, state reason. MRS 375.D2B, Section \_\_\_\_\_ Explain: \_\_\_\_\_

INDIVIDUAL		ESCROW HOLDER	
Under penalty of perjury, I hereby declare that the above statements are correct.	<i>William E. Black</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	Signature of Declarant	Signature of Declarant	
Name (Please Print)	<u>William E. Black</u>	Name (Please Print)	
Address	<u>Rt. Box 429</u>	Address	
City, State, Zip	<u>Bozeman, Nv. 89316</u>	City, State, Zip	
Escrow Number		Escrow Number	
Firm Name		Firm Name	
Address		Address	
City, State, Zip		City, State, Zip	

N10 B/22/53