

Recording Requested By:

When Recorded Mail To:

Jan & Cheryl Russell

5650 Rocky Road

Bullhead City, Az. 86426-6118

QUIT-CLAIM DEED

For the consideration of TEN AND NO/100 DOLLARS, and other valuable considerations, I

or we,

BENJAMIN P. RUSSELL AND NADIA T. RUSSELL, husband and wife, as
hereby Quit-Claim to joint tenants,

JAN ROBERT RUSSELL AND CHERYL LA VONNE RUSSELL, HUSBAND AND WIFE,
all AS JOINT TENANTS interest in the following described real property situate in
EUREKA COUNTY, STATE OF NEVADA

The East half of the North half of the North half of the South half
of Section 31, Township 29, North, Range 52 East, M. D. B. & M.
Excepting therefrom all mineral rights.
Reserving unto grantors a non-exclusive easement from ingress &
egress over the southerly 12 feet of the herein above described
property.

DATED: July 1, 1997

APN: 05-720-07 (38,10AC)

BENJAMIN P. RUSSELL

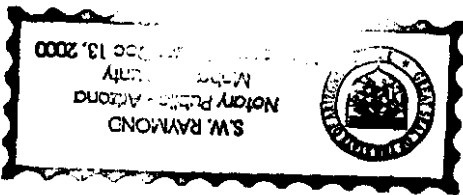
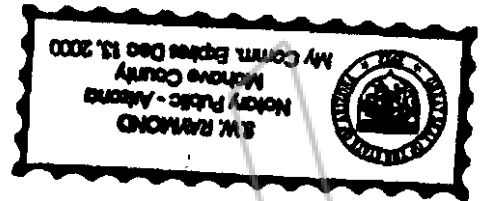
Nadia T. Russell

NADIA T. RUSSELL

STATE OF ARIZONA }
County of PIMA } ss.

This instrument was acknowledged and executed before me this 1st day of July, 1997 by BENJAMIN P. RUSSELL and NADIA T. RUSSELL.
My Commission Expires:

Notary Public



BOOK 310 PAGE 192
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Nadia Russell
97 JUL 28 AM 10:15
EUREKA COUNTY NEVADA
M.M. REBAL EATL. RECORDER
FILE NO. 167548
FEES 7.00

DECLARATION OF VALUE
Bluer County, NEVADA

Recording Date 7/28/97 Book 310 Page 192 Instrument # 167548

Full Value of Property Interest Conveyed

Less Assumed Liens & Encumbrances

Taxable Value (NRS 375.010, Section 4)

Real Property Transfer Tax Due

\$ 5.53

\$ 8371.00

If exempt, state reason. NRS 375.090, Section 4. Explain:

Quit claim to son & daughter-in-law.

☐ 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.

ADIA RUSSELL

Signature of Declarant

5650 ROCKY RD

Name (Please Print)

Address

BULLHEAD CITY AZ 86486-6118

State

City

Zip

Signature of Declarant

Name (Please Print)

Escrow Number

Firm Name

Address

City

State

Zip

* Tax paid for the above transfer per NRS 375.030 Sec. 3 on 7188197