

RECORDING REQUESTED BY

AND WHEN RECORDED, MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME Dale & Heidi Hopper

STREET 374 3rd St

ADDRESS P.O. Box 211417

CITY, STATE & ZIP CODE Crescent Valley, NV

TITLE ORDER NO. ESCROW NO.

QUITCLAIM DEED

Re-recorded

169774

FILE NO. 169774
FEE \$ 2.00
CLERK COUNTY NEVADA
RECORDED AT THE REQUEST OF
Dale & Heidi Hopper

98 FEB 24 AM 11:51

OFFICIAL RECORDS
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$	☐ computed on full value of property conveyed, or
	☐ computed on full value less liens and
	encumbrances remaining at time of sale.
Signature of Declarant or Agent Determining Tax	
Firm Name	

Helen A Dull (a widow)

(NAME OF GRANTOR(S))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and

forever quitclaim to Heidi Hopper and Dale Hopper (husband and wife as joint tenants)

the following described real property in the City of Crescent Valley, County of Eureka, State of Nevada

Lot 4 of Block 7, CVR&F Unit #3, County of Eureka, State of Nevada

Assessor's parcel No. Lot 4 of Block 7

3-01-01

Executed on November 18, 1997, at Whittier, California

(CITY AND STATE)

STATE OF California

COUNTY OF Los Angeles

On 11-18-97 before me,

Christine Prothro, Notary

(NAME/TITLE, JANE DOE, NOTARY PUBLIC)

personally appeared Helen A. Dull - known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in her/his/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY)



Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

WOLCOTT'S FORM 790

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Rev. 3-94b (price class 3A)



SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

☐ OTHER:
☐ GUARDIAN/CONSERVATOR
☐ TRUSTEE(S)
☐ ATTORNEY IN FACT

☐ PARTNER(S) ☐ LIMITED

(TITLE)

☐ OFFICER(S)
☐ CORPORATE
☐ INDIVIDUAL(S)

CAPACITY CLAIMED BY SIGNER(S)

TOP OF THUMB HERE

RIGHT THUMBPRINT (Optional)

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