

**Quitclaim Deed**  
(Creating Joint Tenancy)

Dated this 5th day of March 22 ~~XXXXXX~~

For valuable consideration, the sum of Ten and no/100 Dollars  
Dollars (\$ 10.00 )

I/We, the undersigned, Hale. Bailey

who acquired title to that certain property described below, and who is the Grantor(s) herein, does hereby Quitclaim to;  
Wallace Hale BAILEY & Donna Ray BAILEY, husband and wife

as Joint Tenants, and Grantee(s) all that property situate in the City of \_\_\_\_\_  
County of Eureka, State of Nevada, described as:  
(Set forth legal description of real property AND common street address, if known)

Mount Diablo Meridian, Nevada  
T. 30N., R. 52E.  
Sec. 32, E $\frac{1}{2}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ , E $\frac{1}{2}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ , NE $\frac{1}{4}$ NE $\frac{1}{4}$   
Containing 80.00 acres, more or less.

ASSESSORS PARCEL NO. (APN#) 05-0-15

In Witness Whereof, I/We hereunto set my hand/our is this 6 day of March 2002

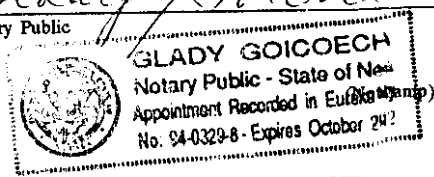
x Hale W. Bailey  
(Signature)  
Hale W. Bailey  
(Print or type name here)

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print or type name here)

STATE OF NEVADA )  
COUNTY OF Eureka )  
On this 6 day of March 2002  
personally appeared before me, a Notary Public  
Hale W. Bailey

personally known to me to be the person whose name is subscribed  
to the above instrument who acknowledged that \_\_\_\_\_ executed  
the instrument.

Witness my hand and official seal  
Glady Goicoechea  
Notary Public



RECORDING REQUESTED BY AND MAIL TO  
NAME Wallace H. & Donna R. Bailey  
ADDRESS Pine Valley  
CITY/ST/ZIP HC 65 Box 20 Carlin, NV 89822  
If applicable mail tax statements to  
NAME  
ADDRESS Same  
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY  
BOOK 346 PAGE 204  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Donna Bailey  
02 MAR -6 AM 9:08  
EUREKA COUNTY NEVADA  
M.H. REBALEATI, RECORDER  
FILE NO. FEES 14.00

BOOK 346 PAGE 204

STATE OF NEVAA  
DECLARATION F VALUE

1. Assessor Parcel Numt (s)

- a) 5-390-15  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	_____
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

2. Type of Property:

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input type="checkbox"/>            | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twnh.  | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg.   | f) <input type="checkbox"/> | Comm/Vnd'l      |
| g) <input checked="" type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

3. Total Value/Sales Pn of Property:

Deed in Lieu of Foreclre Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transferx Due: \$ 0

4. If Exemption Claimed

- a. Transfer Tax Exemin, per NRS 375.090, Section: \_\_\_\_\_  
b. Explain Reason for exemption: From single owner to owner and his wife

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be support by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may ult in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.03 the Buyer and Seller shall be jointly and severally liable for any additional amount owed

Signature Donna Bailey Capacity Buyer  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ p: \_\_\_\_\_

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: DONNA R. Bailey  
Address: Pine Valley HCL5 Box 20  
City: Carlin, Nev.  
State: Nev. Zip: 89822

COMPANY/PERSON REQUESTING RECORDING  
(REQUIRED IF NOT THE SELLER BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC CORD THIS FORM MAY BE RECORDED)