

RPTT: \_\_\_\_\_  
APN: 002-046-0

**178119**

# QUIT CLAIM DEED

THIS INDENTURE WITNESS THE GRANTOR(S): DONALD G. SCOTT

\_\_\_\_\_ for and in consideration of FIVE THOUSAND Dollars (\$5000.00) do hereby QUIT CLAIM the right, title and interest, if any, which GRANTOR have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): MICHAEL D. GORDON

\_\_\_\_\_ whose street address is (if applicable): \_\_\_\_\_, situate in the City of CRESCENT VALLEY, unty of EUREKA, State of NEVADA

bounded and described as follows: (Set legal description)  
LOTS 7+8 BLK 35 SEC 5-T-29-N R.48E  
CRESCENT VALLEY RANCH + FARMS UNIT #1 MDB+M.

Together with all and singular hereditant and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereu set my hand/our hands on \_\_\_\_\_

Donald G. Scott  
Signature of Grantor

Signature of Grantor

DONALD G. SCOTT  
Print or type name here

Print or type name here

STATE OF NEVADA )  
COUNTY OF ELKO )

This instrument was acknowledge before me on (date) April 29, 2002

By (person(s) appearing before notary public) DOALD G. SCOTT

Marianne Eardley  
Notary Public  
My commission expires: 9/26/4



MARIANNE EARDLEY  
NOTARY PUBLIC - STATE OF NEVADA  
Elko County - Nevada  
CERTIFICATE # 92-0264-6  
APPT EXP SEPT 26, 2004

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TAX STATEMENT

THIS SPACE FOR RECORDERS USE ONLY

Name: MIKE GORDON  
Address: Box 1182  
City/State/Zip: CARSON NV  
8981

BOOK 347 PAGE 265  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Michael D. Gordon  
02 MAY 22 AM 9:06

DED104  
Nevada Legal Forms and Books, Inc. (702) 670-9977  
3801 West Charleston Boulevard  
Las Vegas, NV 89102  
www.legalforms.com  
© 2000 Consult an attorney if you doubt this forms fitness for your use.

ELKO COUNTY NEVADA  
R.H. NEBALETT, RECORDER  
FILE NO. \_\_\_\_\_ FEES 14.00

BOOK 347 PAGE 265 **178119**

**STATE OF NEVADA  
DECLARATION OF ALUE**

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	178119
Book:	347 Page: 265
Date of Recording:	5/22/02
Notes:	

1. Assessor Parcel Number (S  
 a) 002 - 046-05  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:

a) <input checked="" type="checkbox"/>	Vacant Land	<input type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	<input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	<input type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	<input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure ly (value of property)	\$	<u>25,000.00</u>
Transfer Tax Value:	\$	<u>325.00</u>
Real Property Transfer Tax L:	\$	

4. If Exemption Claimed:  
 a. Transfer Tax Exemption, NRS 375.090, Section: \_\_\_\_\_  
 b. Explain Reason for Exem: \_\_\_\_\_

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 supported by documentation if called upon to substantiate the information provided herein. Furthermore, disallowance of any claimed exemption, or other determination of additional tax due, may result a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Michael D. Swadlow Capacity Buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: <u>Michael D Swadlow</u>	Print Name: _____
Address: <u>Box 1817</u>	Address: _____
City: <u>CARLIN</u>	City: _____
State: <u>NV</u> Zip: <u>8922</u>	State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING  
 (REQUIRED IF NOT THE SELLER OR BUYER)  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)