

RPTT 5.20

Quitclaim Deed
(Creating Joint Tenancy)

Dated this 7 day of 9, 2002

For valuable consideration, then of Ten dollars

Dollars (\$ 10.00)

I/We, the undersigned, Christine Healy

who acquired title to that certain prop described below, and who is the Grantor(s) herein, does hereby Quitclaim to;

Christine Healy and ⁸⁵ Barbara Johnson

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 county known street address, if known)

Township 32 North, Range 51 East.
T11B & N Section 28; E 1/2 SW 1/4.
Together with improvements thereon situate.
Together with the tenements, hereditaments
and appurtenances thereunto belonging or
in anywise appertaining, the reversion
and reversions, remainders and remainders,
rents, issues and profits thereof. also permit
6487, Certificate 1000

ASSESSORS PARCEL NO. (APN#) 420-24

In Witness Whereof, I/We hereunto set my hand/ourds this 9 day of July, 2002

Christine Healy

(Signature)
Christine Healy

(Print or type name here)

Barbara Johnson

(Signature)
Barbara Johnson

(Print or type name here)

STATE OF NEVADA

COUNTY OF ELKO

On this 9 day of July, 2002
personally appeared before me, a Notary Public

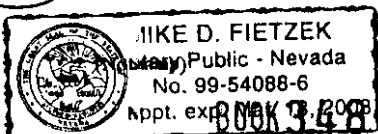
CHRISTINE HEALY

BARBARA JOHNSON

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

Witness my hand and official seal

Mike D. Fietzek
Notary Public



RECORDING REQUESTED BY AND MAIL TO

NAME Barbara Johnson
ADDRESS PO Box 5503
CITY/ST/ZIP Elko Nv 89802

If applicable mail tax statements to

NAME Christine Healy & Barbara Johnson
ADDRESS PO Box 1519
CITY/ST/ZIP Carlin, Nv 89822

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

BOOK 348 PAGE 442
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Barbara Johnson
02 AUG -6 PM 4:04

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FEE NO. 124.00

STATE OF NEVDA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 4370-24
 b) _____
 c) _____
 d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>178424</u>
Book:	<u>348</u> Page: <u>442</u>
Date of Recording:	<u>8-6-02</u>
Notes:	_____

2. Type of Property:

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

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 8000⁰⁰
 Transfer Tax Value: \$ 4000⁰⁰
 Real Property Transfer Tax Due: \$ 500

4. If Exemption Claim:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
 b. Explain Reason Exemption: _____

5. Partial Interest: Percentage being transferred: 50 %

The undersigned declarant acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that 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, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.0 the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Barbara Johnson Capacity _____
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Christie Healy
 Address: Po Box 1519
 City: Carrington
 State: NV Zip: 89802

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Barbara Johnson
 Address: Po Box 5503
 City: Eureka
 State: NV Zip: 89802

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)