

RPTT: 1.30  
APN: 003-034-03

178499

## QUIT CLAIM DEED

THIS INDENTURE WITNESSES That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE  
(LOUIS B. FRIEDMAN) for and in  
consideration of ONE THOUSAND FIFTY-FOUR 14/100 Dollars (\$ 1054.14 ) do hereby QUIT CLAIM the right, title  
and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged, to the  
GRANTEE(S): WILLIAM KIRKPATRICK  
whose street address  
is (if applicable): 7126 GLEBE LANE, situate in the City  
of ANACORTES, County of \_\_\_\_\_, State of WASHINGTON  
bounded and described as follows: (Set forth legal description)

Lot 2, block 14, CRESCENT VALLEY RANCH & FARMS UNIT #3

Together with all and singular appurtenances thereunto belonging or in any way appertaining to.  
In Witness Whereof, I/We have hereunto set my hand/our hands on AUGUST 19, 2002.

Mary Jo Castaneda  
Signature of Grantor

Signature of Grantor

MARY JO CASTANEDA  
Print or type name here EUREKA CO. TREASURER

Print or type name here

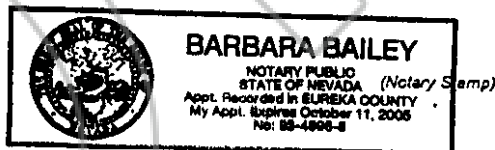
STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) August 21, 2002

By (person(s) appearing before notary public) Mary Jo Castaneda

Barbara Bailey  
Notary Public  
My commission expires: Oct 11, 2006



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: WILLIAM G. KIRKPATRICK  
Address: P.O. BOX 594  
City/State/Zip: ANACORTES, 98221

BOOK 349 PAGE 135  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
William G Kirkpatrick  
02 AUG-21 PM 1:34  
EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 14.00

DED104

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STATE OF NEVDA  
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 003-034-03  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 178499  
Book: 349 Page: 135  
Date of Recording: 8-21-02  
Notes: \_\_\_\_\_

2. Type of Property:

- |  |             |                             |                 |
|--|-------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twn   | 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 type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other       |                             |                 |

3. Total Value/Sales Price of Property:

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

1054.14

\$

\$

1.30

4. If Exemption Claim:

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

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

The undersigned declarant 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, 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 375.6, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity Seller  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Euro Co. Treasurer  
Address: P.O. Box 17  
City: Euro  
State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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)