

RPTT: L30  
APN: 003-034-03

# 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

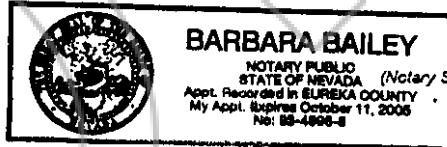
STATE OF NEVADA

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

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EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 14.00

BOOK 349 PAGE 135 **178499**

# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	178499
Book:	349 Page: 135
Date of Recording:	8-21-02
Notes:	

**1. Assessor Parcel Number (s)**

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

**2. Type of Property:**

- |  |             |                             |                 |
|--|-------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant La.  | 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'/Ind'l     |
| g) <input type="checkbox"/>            | Agricultura | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other       |                             |                 |

**3. Total Value/Sales Price of Property:**

\$ 1054.14  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 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 declarand 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)**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: Evans Co. Treasurer  
 Address: PO Box 17  
 City: Evans  
 State: NV Zip: 89316

(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)