

RPTT: 22.10
APN: 007-140-09

178510

QUIT CLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE
(JOSEPH TSCHESCE) _____ for and in
consideration of SEVENTE THOUSAND Dollars (\$ 17,000.00) 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): DAVID (D) KATHLEEN ANGOVE _____
_____ whose street address
is (if applicable): P.O. BOX 366 _____, situate in the City
of COLFAX _____, County of _____, State of CALIFORNIA _____
bounded and described as follows: (Set forth legal description)

TOWNSHIP 2 NORTH, RANGE 54 EAST, MDB&M

Section: W2SW4;SW4NW4

Together with all and singular tenement and 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, Eureka County Treasurer
Print or type name here

Print or type name here

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) August 19, 2002

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

Glady Goicoechea
Notary Public

My commission expires: 12/8/2002



RECORDING REQUESTED BY AND MAIL TAXEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: David & Kathen Angove

Address: P.O. Box 3

City/State/Zip: Colfax, A 95713

DED104

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
David and Kathleen Angove
02 AUG 23 AM 11:00

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

178510

STATE OF NEVDA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 7-140-09
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>178510</u>
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Date of Recording:	<u>8-23-02</u>
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) \$ 17,000
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ 22.10

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 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 [Signature] Capacity Seller
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Eureka County Treasurer
Address: P O B 677
City: Eureka NV 89316
State: _____ Zip: _____

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)