

RPTT: \_\_\_\_\_  
APN: 002-047-01

178511

## QUIT CLAIM DEED

THIS INDENTURE WITNS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE  
(ATHEL & IRENE KTON) for and in  
consideration of One thousand seven hundred  
forty-or & 50/100 Dollars (\$ 1,741.50) 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): BARNEY J. ROSSER

\_\_\_\_\_ whose street address  
is (if applicable): 2196 MT Y 2W, situate in the City  
of Kalispell, County of \_\_\_\_\_, State of Montana  
bounded and described as follo: (Set forth legal description)

Lot 5, Blk 38, CRESCENT VALLEY RANCH & FARMS UNIT #1

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

Mary Jo Castaneda  
Signature of Grantor

Signature of Grantor

Mary Jo Castaneda, reka County Treasurer  
Print or type name here

Print or type name here

STATE OF NEVADA

COUNTY OF EUREKA

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

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

Glady Goicoechea  
Notary Public

My commission expires: 10.8/2002



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: Barney J. Proser

Address: 2196 MT HWY

City/State/Zip: Kalispell MT 59901

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Barney J. Proser  
02 AUG 23 PM 2:39

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

178511



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 2-047-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 178511  
Book: 349 Page: 149  
Date of Recording: 8-23-01  
Notes: \_\_\_\_\_

2. Type of Property:

- |  |            |                             |                 |
|--|------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant L.  | 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"/>            | Agricult.  | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other      |                             |                 |

3. Total Value/Sale Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value

Real Property Transfer Tax Due:

\$ 1741.50

\$

\$

\$ 2.60

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_

b. Explain Reason for Exemption: \_\_\_\_\_

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, the disallowance of any claimed exemption, or other determination of additional tax due, will 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: Eurel County Treasurer  
Address: P O Box 677  
City: Eurel, 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)