

**QUIT CLAIM DEED**

THIS INDENTURE WITNS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE  
(LEWIS COLLINS) for and in

consideration of Seven hundred twenty-five Dollars (\$ 725.00 ) do hereby QUIT CLAIM the right, title and interest, if any, which GRANR may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): JUDITH CHAYER LYNN

whose street address is (if applicable): 1010 SKYNE, situate in the City of BATTLE MOUNTAIN, County of \_\_\_\_\_, State of NEVADA bounded and described as follo (Set forth legal description)

Lot 4, Blc 7, CRESCENT VALLEY RANCH & FARMS UNIT #4

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, 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) \_\_\_\_\_

By (person(s) appearing before notary public) \_\_\_\_\_

Notary Public  
My commission expires: \_\_\_\_\_

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TAX STMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: Judith C. May-Lynn  
Address: 1010 Skyline  
City/State/Zip: Battle Mntain, NV 89821

BOOK 349 PAGE 299  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Eureka Co Treasurer  
02 SEP -3 PM 3:26

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EUREKA COUNTY NEVADA  
P.M. RECALEATI, RECORDER  
FILE NO. \_\_\_\_\_ FEES 14.00

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**178582**

# STATE OF NEVADA DECLARATIO OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>178582</u>
Book:	<u>349</u> Page: <u>299</u>
Date of Recording:	<u>9-3-02</u>
Notes:	_____

1. Assessor Parcel Nmer (s)  
 a) 003-094-C  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:
- |  |            |                             |                 |
|--|------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant L.  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twse | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg  | f) <input type="checkbox"/> | Comm'/'ind'l    |
| g) <input type="checkbox"/>            | Agricultu. | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other      |                             |                 |

3. Total Value/Salesice of Property: \$ 725.00  
 Deed in Lieu of Forosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Trans Tax Due: \$ 1.30

4. If Exemption Claird:  
 a. Transfer Tax Exption, per NRS 375.090, Section: \_\_\_\_\_  
 b. Explain Reason Exemption: \_\_\_\_\_

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

The undersigned decla and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, thae information provided is correct to the best of their information and belief, and can be supted by documentation if called upon to substantiate the information provided herein. Furtrmore, the disallowance of any claimed exemption, or other determination of additional tax due, // result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 3750, the Buyer and Seller shall be jointly and severally liable for any additional amount owl.

Signature *M. G. [Signature]* Capacity *Seller*  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTR) INFORMATION**  
(REQUIRED)

**BUYER (GRANTEE) INFORMATION**  
(REQUIRED)

Print Name: Eurel County Treasurer  
 Address: P O x 677  
 City: Eure, NV 89316  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSN REQUESTING RECORDING**  
(REQUIRED IF NOT THE LER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PLIC RECORD THIS FORM MAY BE RECORDED)