

RPTT: 1.30
APN: 005-230-12

178584

QUIT CLAIM DEED

THIS INDENTURE WITNS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE
(GEORGE STEPHEN VISTA GRANDE MOBILE) for and in
consideration of NINE HUNDRED FIVE & 97/100 Dollars (\$ 905.97) 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): R L L, I., a California Corporation
ROBERT O. DIMMICK whose street address
is (if applicable): P.O. BOX 2209, situate in the City
of Newport Beach, County of _____, State of California 92659
bounded and described as follows: (Set forth legal description)

TOWNSHIP NORTH, RANGE 48 EAST, MDB&M
Section ; NE4SE4NE4

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.

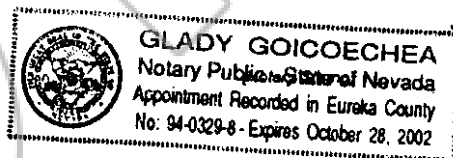
Mary Jo Castaneda
Signature of Grantor
MARY JO CASTANEDA
Print or type name here EUREKA CO. TREASURER

Signature of Grantor

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: 10/8/2002



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: R L L, INC., a California Corp.
Address: P.O. Box 2209
City/State/Zip: Newport Beach, CA 92659
c/o ROBERT O. DIMMICK
P.O. BOX 2209
NEWPORT BEACH, CA. 659
DED104
Nevada Legal Forms and Books, Inc. (702) 870-897
3020 W. Charleston Blvd.
Las Vegas, NV 89102
www.legalformsonline.com
© 1998 Consult an attorney if you doubt this forms is for your purpose.

BOOK 349 PAGE 301
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Robert O. Dimmick
02 SEP -3 PM 3:50

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **178584** FEES 14.00

BOOK 349 PAGE 301

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

- a) 09-230-1
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 178584
Book: 349 Page: 301
Date of Recording: 9-3-02
Notes: _____

2. Type of Property:

- | | | | |
|-----------------------------|------------|-----------------------------|-----------------|
| a) <input type="checkbox"/> | Vacant L. | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Tise | 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"/> | Agricultu | 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) \$ 905.97
Transfer Tax Value: \$ _____
Real Property Trans Tax Due: \$ 1.30

4. If Exemption Claimed:

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

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declare 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: Eureka County Treasurer
Address: P O # 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)