

RPTT: 1.30
APN: 005-230-12

178584

QUIT CLAIM DEED

THIS INDENTURE WITNS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE

(GEORGE STEPHEN/ISTA 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 209, situate in the City of Newport Beach, County of _____, State of California 92659

bounded and described as follo (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

Signature of Grantor

MARY JO CASTANEDA
Print or type name here EUREKA CO. TREASURER

Print or type name here

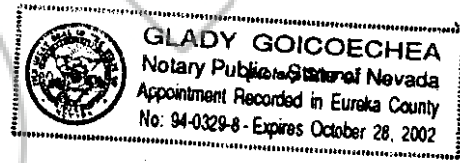
STATE OF NEVADA

COUNTY OF EUREKA

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

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

Glady Goicoechea
Notary Public
My commission expires: 10/3/2002



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

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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 DECLARATIO OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

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

1. Assessor Parcel Nंबर (s)

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

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'Wind'l |
| g) <input type="checkbox"/> | Agricultu | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Saleprice of Property:

\$ 905.97
 Deed in Lieu of Forosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Trans Tax Due: \$ 1.30

4. If Exemption Claimd:

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

5. Partial Interest: Pcentage 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 suppted by documentation if called upon to substantiate the information provided herein. Furthmore, the disallowance of any claimed exemption, or other determination of additional tax due, rr 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 ovl.

Signature [Signature] Capacity Seller
 Signature _____ Capacity _____

SELLER (GRANTC) INFORMATION

(REQUIRED)

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

COMPANY/PERS(REQUESTING RECORDING

(REQUIRED IF NOT THE SER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)