

RPTT: 1.30  
APN: 005-430-15

178587

## QUIT CLAIM DEED

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

(KEVIN PORTEE)

for and in

consideration of SIX HUNDRED NINETY-EIGHT <sup>880/100</sup> Dollars (\$ 698.80 ) 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): R L L, Inc., a California Corporation

ROBERT 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 29 NORTH, RANGE 48 EAST, MDB&M

Section 11: SW4SE4SW4

Together with all and singular right, title 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  
Print or type name here EURE CO. TREASURER

Print or type name here

STATE OF NEVADA

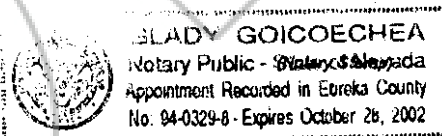
COUNTY OF EUREKA

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: 1/28/2002



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 09  
NEWPORT BEACH, CA. 92659

DED104

Nevada Legal Forms and Books, Inc. (702) 870-8888  
3020 W. Charleston Blvd.  
Las Vegas, NV 89102  
www.legalformsusa.com

© 1998 Consult an attorney if you doubt this form is for your purpose.

BOOK 349 PAGE 304  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Robert O. Dimmick  
02 SEP -3, PM 3:53  
EUREKA COUNTY NEVADA  
J.M. REBALEATI, RECORDER  
178587  
FEES/4 <sup>00</sup>

BOOK 349 PAGE 304

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 5-430-1  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 178587  
Book: 349 Page: 304  
Date of Recording: 9-3-02  
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"/>	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)

Transfer Tax Value:

Real Property Trans Tax Due:

\$ 698<sup>00</sup>

\$

\$

\$ 1.30

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 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 paid.

Signature [Signature] Capacity Seller  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Eureka County Treasurer  
Address: P O Box 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)