

RPTT: 3.90
APN: 005-170-13

178589 QUIT CLAIM DEED

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

(HELEN, DELANO)

for and in

consideration of TWO THOUSD SEVEN HUNDRED Dollars (\$ 2,700.00 ^{&00/100}) 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 INC., a California Corporation

ROBERTO. DIMMICK

whose street address

is (if applicable): P.O. # 2209, situate in the City of Newport Beach, County of _____, State of California 92659

bounded and described as follo: (Set forth legal description)

OWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M
ction 1: NW¼SW¼

Together with all and singular hditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have/reunto 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

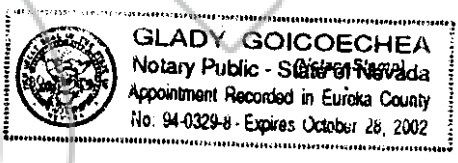
STATE OF NEVADA

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: 10/8/2002



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: R L L INC., a California Corp.
Address: P.O. BOX 2209
City/State/Zip: NEWPORT BCH, CA. 92659
c/o ROBERT O. DIMMICK
P.O. BOX 29
NEWPORT BCH, CA. 92659

THIS SPACE FOR RECORDERS USE ONLY
BOOK 349 PAGE 306
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Robert O Dimmick
02 SEP -3 PM 3:56
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 178589 FEES 14.00
BOOK 349 PAGE 306

DED104
Nevada Legal Forms and Books, Inc. (702) 870-897
3020 W. Charleston Blvd.
Las Vegas, NV 89102
www.legalformsrv.com
© 1998 Consult an attorney if you doubt this forms fit for your purpose.

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>178589</u>
Book:	<u>349</u> Page: <u>306</u>
Date of Recording:	<u>9-3-02</u>
Notes:	_____

1. Assessor Parcel Number (s)

- a) 5-170-13
 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/Tise | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg | f) <input type="checkbox"/> | Comm/Vind'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) \$ 2700⁰⁰
 Transfer Tax Value: \$ _____
 Real Property Trans Tax Due: \$ 3.90

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

BUYER (GRANTEE) INFORMATION

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

(REQUIRED)
 Print Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

COMPANY/PERSN 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)