

RPTT: 17.55  
APN: 05-160-01

179399

## QUIT CLAIM DEED

THIS INDENTURE WITNS That the GRANTOR(S): Zeda Inc.

\_\_\_\_\_ for and in  
consideration of Ten and n100----- Dollars (\$ 10.00 ) 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): Julian Toma Ranches, Inc. Stonehouse Division

\_\_\_\_\_ whose street address  
is (if applicable): HC 65, Bell, Carlin, Nevada 89822, situate in the City  
of \_\_\_\_\_, County of Eureka, State of Nevada

bounded and described as follow (Set forth legal description)

Township 31 North, Range 52 East,  
Section 6, L 7 (Southwest  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$ ):  
40.30 acres or less.

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

In Witness Whereof, I/We have unto set my hand/our hands on November 7, 2002

ZEDA INC Michel Griswold

Signature of Grantor

Zeda Inc.

Michel Griswold, Manager

Print or type name here

Signature of Grantor

Print or type name here

STATE OF Nevada

COUNTY OF Eureka

This instrument was acknowledged before me on (date) November 7, 2002

By (person(s) appearing before notary public) Michel Griswold

Barbara Bailey

Notary Public

My commission expires: oct 11, 2006



BARBARA BAILEY

NOTARY PUBLIC (Notary Stamp)  
STATE OF NEVADA  
Appt. Recorded in EUREKA COUNTY  
My Appt. Expires October 11, 2006  
No. 93-4886-8

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Julian Tomera nches, Inc.

Address: Stonehouse Division

HC 65, Box 11,

City/State/Zip: Carlin, NV 89822

THIS SPACE FOR RECORDERS USE ONLY

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OFFICIAL RECORDS  
RECORDED AT THE SOURCE  
Mike Griswold  
02 NOV -7 PM 3:40  
EUREKA COUNTY NEVADA  
N.M. REBALEATI, RECORDER  
FILE NO.  
FEES 14.00

179399

DED104

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# STATE OF NEVDA DECLARATION OF VALUE

## 1. Assessor Parcel Numr (s)

- a) 05-160-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 179399  
Book: 353 Page: 405  
Date of Recording: 11-7-02  
Notes: \_\_\_\_\_

## 2. Type of Property:

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input type="checkbox"/>            | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twn    | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg.   | f) <input type="checkbox"/> | Comm'l/Ind'l    |
| g) <input checked="" type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

## 3. Total Value/Sales Pte of Property:

Deed in Lieu of Foreclosure Only (value of property) \$

Transfer Tax Value: \$

Real Property Transfeax Due: \$

13570

\$

\$

\$

1755

## 4. If Exemption Claimed

a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_

b. Explain Reason for exemption: \_\_\_\_\_

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

The undersigned declarant acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that 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, may 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 Zephine Michel Griswold

Capacity Seller

Signature \_\_\_\_\_

Capacity \_\_\_\_\_

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Mich. Griswold  
Address: HC 65 Unit 3 Box 5  
City: BEAVER HAVEN  
State: NEVADA Zip: 89821

## 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)