

RPTT: \$13.00
APN: 07-380-9

QUIT CLAIM DEED

THIS INDENTURE WITNES That the GRANTOR(S): Ricky L Goff and Sherrie J Goff
and Robert Stephenson for and in
consideration of 710.00 Ten Dollars (\$ 10.00) 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): Jerry Anderson
PO Box 87 whose street address
is (if applicable): _____, situate in the City
of Eureka, County of Eureka, State of Nevada
bounded and described as follows: (Set forth legal description)

Lot 1 of lot No. of Parcel NO. 2 Gov. Lot 16 Sec 29T20N53EM
D.B.+M.

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

In Witness Whereof, I/We have unto set my hand/our hands on 11-15-02

[Signature]
Signature of Grantor

[Signature]
Signature of Grantor

RICKY L. GOFF
Print or type name here

Sherrie J. Goff
Print or type name here

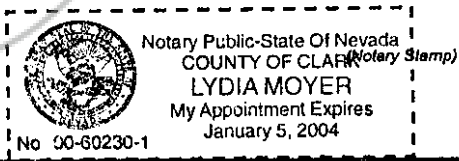
Robert Stephenson
STATE OF Nevada

Robert Stephenson
COUNTY OF clark

This instrument was acknowledged before me on (date) 11e November 2002

By (person(s) appearing before notary public) Ricky L. Goff

Lydia Moyer
Notary Public
My commission expires: January 5, 2004



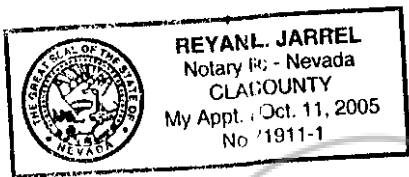
RECORDING REQUESTED BY AND MAIL TAX STATNT TO
Name: Jerry Anderson
Address: PO Box 87
City/State/Zip: EUREKA NV 89316

THIS SPACE FOR RECORDERS USE ONLY
BOOK 355 PAGE 001
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Robert Stephenson
02 NOV 25 AM 9:41
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 15.00

ACKNOWLEDGMENT

State of NEVADA
County of CLARK

On this 15 day of November, 20 02, Sherrie J. Goff personally appeared before me,
____ who is personally known to me,
 whose identity I verified on the basis of NVDL # 1000678579
____ whose identity I verified on the oath/affirmation of _____
a credible witness,
to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.



Reyana Jarrel
Notary Public
My Commission Expires: Oct. 11/05

Attribution Clause: This Certificate prepared for, and exclusively belongs to, the accompanying document entitled
Quit claim deed which consists of 1 page(s) and is dated 11/15/02 (not dated)
If this Certificate is appropriated by document other than the one described herein, it shall be deemed null and void.

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JAN 18 2002 15:26

702 397 8998

PAGE 01

179800

BOOK 355 PAGE 002

STATE OF NEVDA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	179800
Book:	355 Page: 001
Date of Recording:	11-25-02
Notes:	

1. Assessor Parcel Numr (s)

- a) 07-380-5
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twn't | 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"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Pte of Property:

Deed in Lieu of Forecure Only (value of property) \$ 10,000
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 13.00

4. If Exemption Claimed

- a. Transfer Tax Exenon, per NRS 375.090, Section: _____
- b. Explain Reason for exemption: _____

5. Partial Interest: Perntage 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. Further, 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 375.060 the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Robert Stephenson Capacity Seller
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Robert Stephenson
 Address: PO Box 2
 City: Eureka
 State: NV Zip: 89314

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

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLOR BUYER)

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