

RPTT: 1.30  
APN 002-036-08

**181393**

**QUIT CLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S) EUREKA COUNTY TREASURER, TRUSTEE  
(Frank Destefano) for and in consideration of

One thousand and 00/100 Dollars (\$ 1000.00 ) 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).

Desiree Derick and Jack Phlegger whose street address is (if applicable) 8780 West Nevada Drive #119, situate in the City of Las Vegas, County of Clark, State of Nevada

All that certain property in the County of Eureka, State of Nevada bounded and described as follows.  
(Set forth legal description)

**LOT 2, BLOCK 14, CRESCENT VALLEY RANCH AND FARMS UNIT #1**

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on March 19, 2003

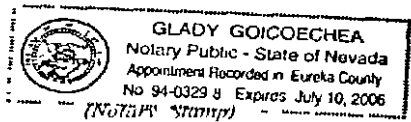
Frances E. Gale  
Signature of Grantor  
Frances E. Gale, Eureka County Treasurer

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) March 19, 2003

By (person(s) appearing before notary public) Frances E. Gale

Glady Goicoechea  
Notary Public  
My Commission expires 7-10-2006



RECORDING REQUESTED BY AND MAIL FAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name Desiree Derick and Jack Phlegger  
Address 8780 West Nevada Drive #119  
City/State/Zip Las Vegas, NV 89147

359, 284  
Desiree Derick Jack Phlegger  
03 MAR 20 AM 9:15

BOOK 359 PAGE 284

**181393**

# STATE OF NEVADA DECLARATION OF VALUE

**1. Assessor Parcel Number (s)**

- a) 02-036-08
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#	<u>181393</u>
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Date of Recording	<u>3-20-03</u>
Notes	_____

**2. Type of Property:**

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

**3. Total Value/Sales Price of Property:**

Deed in Lieu of Foreclosure Only (value of property) \$ 1000<sup>00</sup>  
 Transfer Tax Value. \$ \_\_\_\_\_  
 Real Property Transfer Tax Due \$ 1.30

**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 declares 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, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375 030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Frances Gale Capacity Treasurer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Frances Gale  
 Address: P O Box 667  
 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)