RPTT 1.30. 18143	2
APN: 003-222-01 QUIT CLA	IM DEED
	(S) EUREKA COUNTY TREASURER, TRUSTEE
(Everett Rauh)	
Five hundred seventy-three and 12/100 Dollar	
and interest, if any, which GRANTOR may have in all that re	
to the GRANTEE(S)	ar property, the receipt of which is necessary acknowledged,
Kent Taylor	whose street address is
(if applicable)5402 Bull Run Circle	
of Austin , County of	
All that certain property in the County of Eureka, State of Ne	
(Set forth legal description)	/ · / · · · · · · · · · · · · · · · · ·
LOT 1, 2, 3, 7 & 8, BLOCK 0, NEVELCO I	NC. UNIT #2
Together with all and singular hereditament and appeurtenance	ces thereunto belonging or in any way appertaining to
In Witness Whercof, I/We have hereunto set my hand/our har	nds on March 19, 2003
F. F. 9. A	
Signature of Grantor	
Frances E Gale, Eureka County Treasurer	
CTATE OF NEWADA	<del></del>
STATE OF NEVADA	~\\\
COUNTY OF EUREKA )	Mr. 11 10 3403
This instrument was acknowledged before me on (date,	
By person(s) appearing before notary public) / Lanc	ev 6 Sale
Gleder Decoechea	GLADY GOICOECHEA
Notary Public 7.14 207/	Notary Public - State of Nevada Appointment Recorded in Eureka County
My Commission expires	No 94-0329 8 - Expires July 10 2006
	(Holdy) standy
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	THIS SPACE FOR RECORDERS USE ONLY
Name Kent Taylor	
4 H \	ngc/ 359 1, -323

BOOK 359 PAGE 323

City/State/Zip Austin, TX 78727

181432 FO THE THE TOTAL OF

## STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Pa <u>) 03-21</u>				Document/Instrument	181432
=/ Ve/ A_	2-01	· _		Book 359	Page , 323
b)		<del>-</del>		Date of Recording.	3-20-03
c)		 -		Notes.	
d)		-			
2. Type of Pro	perty:				
<b>₽)</b> (∑)	Vacant Land	b) 🗀	Single Fam Ri	5.	
•) <u></u>	Condo/Twnhse Apt, Bidg		2-4 Plex Committed?		
ຄ ວ	Apricultural	چ ا	Mobile Home		
* <b>5</b>	Other	·-,			
2 Total Value	e/Sales Price o	Droporty		6 6-22-11	/
	u of Foreclosure (			<u>\$ 3 /3, /4,</u> \$	
Transfer Tax		3111) (TELEC	or property)	ş	<del>\                                    </del>
	y Transfer Tax D	ne		\$1,30	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>
	· · · · · · · · · · · · · · · · · · ·				<del></del>
4 If Exemption					/ /
	r Tax Exemption, p		.090, Section:		
, p explain	Reason for Exemp	odon:		<del>\\</del>	
				$\rightarrow$	
5 Partial Inte	rest Percentage	e being tra	nsferred	%	
belief, and can provided herein	be supported by of Furthermore, the	locumentati e disallowa	on if called up nce of any cla	to the best of their on to substantiate imed exemption, o	the information
				/ /	est at 1% per month.
				/ /	est at 1% per month. erally liable for any
Pursuant to Ni additional amo	RS 375.030, the E			ointly and seve	est at 1% per month. erally liable for any
Pursuant to Ni	RS 375.030, the E			ointly and seve	est at 1% per month.
Pursuant to Ni additional amo	RS 375.030, the E			e jointly and seve	est at 1% per month. erally liable for any
Pursuant to Ni additional amo Signature Signature	RS 375.030, the Equation of the Equation (Company)	Suyer and S	Seller shall b	e jointly and seve	est at 1% per month. erally liable for any Treasurer
Pursuant to Ni additional amo Signature_ Signature_ SELLER (GF	RS 375.030, the Equation of the Equation of the Equation (Control of th	Suyer and S	Seller shall b	Capacity Capacity Capacity Capacity	est at 1% per month. erally liable for any Treasurer
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Pursuant to Ni additional amo Signature_ Signature_ SELLER (GF (RE	RS 375.030, the Equation of the Equation (Control of the Equition (Cont	Suyer and S	Seller shall b	Capacity_Capacity_Capacity_Capacity_Capacity_Capacity_CER (GRANTEE (REQUIRED)	est at 1% per month. erally liable for any Treasurer
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Pursuant to Ni additional amo Signature_ Signature_ SELLER (GF (RE Print Name: Address: City: State: COMPANY/F	RS 375.030, the Edunt owed.  RANTOR) INFO	RMATION B9316 JESTING	N BUY Print N Addre City: State:	Capacity_Capacity_Capacity_Capacity_Capacity_CER (GRANTEE (REQUIRED) (REQUIRED) (RES)	est at 1% per month. erally liable for any Treasurer E) INFORMATION Zip:
Pursuant to Ni additional amo Signature_Signature_Signature_Print Name: Address: City: State:	RS 375.030, the Edunt owed.  RANTOR) INFO	RMATION B9316 JESTING	N BUY Print N Addre City: State:	Capacity_Cap	est at 1% per month. erally liable for any Treasurer E) INFORMATION Zip:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)