RPTT: 1.30 APN 003-092-02

## 181452 QUIT CLAIM DEED

THIS INDENTURE WITNESS That the GRANTO	R(S): EUREKA COUNTY TREASURER, TRUSTEE
(William H. Mitchell)	for and in consideration of
One thousand and 00/100 Do	llars (\$ 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):	
Judith Mayer-Lynn	whose street address is
(if applicable) 1010 Skyline	, situate in the City
of Battle Mountain, County of	Lander , State of <u>Nevada</u>
All that certain property in the County of Eureka, State of N	levada bounded and described as follows
(Set forth legal description)	
LOT 2, BLOCK 8, CRESCENT VALLEY	RANCH AND FARMS UNIT #4
Together with all and singular hereditament and appeurtena	nces thereunto belonging or in any way appertaining to.
In Witness Whereof, I/We have hereunto set my hand/our h	ands on <u>March 19, 2003</u> .
Signature of Grantor Frances E Gale, Eureka County Treasurer	
STATE OF NEVADA )	
COUNTY OF EUREKA )	\`T
This instrument was acknowledged before me on (de	1 Mych 19. 2003
By (person(s) appearing befor Inotary public)	VE Hale-
710, 9	GLADY GOICOECHEA
Notary Public / Notary Public	Nutar, Public - State of Nevada Appuntmen Heconded in Eureta County
My Commission expires 7-10-3006	No 94-0323-6 - Expres July 10 2006
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	(Notary Stamp) This space for recorders use only
Name. Judith Mayer-Lynn	3.59 13 343
Address 1010 Skyline	Could 359 141, 343
City/State/Zip Battle Mountain, NV 89820	Judith mayer - Synn
Chystalozip	53 MAR 20 ///11 53
BOOK359 PAGE343	l site iii cokoén ≝ ile iiii rees/4
	181452

## STATE OF NEVADA DECLARATION OF VALUE

A LICEDEZOP L.			4		
) 03 7	arcel Number (s)	•		oument/Instrument	
	11000	<del></del>		ok 359	Page 343
b)	<del></del>	-		ite of Recording ites	3-20-03
d) _		-	186		
		-			
2. Type of Pro	perty:		<u> </u>		
	Vacant Land Condo/Twnhse Apt Bldg	300 000	Single Fam Res 2-4 Plex CommVind1		
	Agricultural Other	h)	Mobile Home		
				OU	
	e/Sales Price o			1000	
	u of Foreclosure (	Only (value	- F		
Transfer Tax			/ <u>\$</u>		\
Real Proper	y Transfer Tax D	ne.	\$	1.30	
4. If Exemption	n Claimed:	1		)	)
	r Tax Exemption, p	ar NDS 375	NRO Section	/	/
	Reason for Exemp		050, Section		/
	THE EXCUS		_	//	
,				V /	
5 Partial Inter	rest, Percentag	e being trai	nsferred. 🔪		
and NRS 375 1 belief, and can provided herein	10, that the inform be supported by o Furthermore, th	ration provid locumentati e disallowa:	ded is correct to on if called upon nce of any claim	the best of thei to substantiate ed exemption,	suant to NRS 375 060 ir information and the information or other determination rest at 1% per month.
•	3 2				
Pursuant to NE	SS 375 030, the F	Suver and S	ieller shall he in	intly and say	arally liable for any
	1 1	Buyer and S	Seller shall be jo	intly and sev	erally liable for any
additional amo	unt owed.	Buyer and S	Seller shall be jo	\	•
additional amo	ount owed.	Suyer and S	Seller shall be jo	Capacity_	Treasurer
additional amo	ount owed.	Suyer and S	Seller shall be jo	\	Treasurer
additional amo Signature Signature	ount owed.	Jale_		_Capacity_ _Capacity_	Treasurer
additional amo Signature Signature SELLER (GF	ount owed.	Jale_		_Capacity_ _Capacity_	Treasurer
additional amo Signature Signature SELLER (GF	Navas	Jale_		Capacity_Capacity_R(GRANTER	Treasurer
additional amo Signature Signature SELLER (GF	RANTOR) INFO	Jale_	1 BUYE	Capacity_Capacity_R(GRANTER	Treasurer
additional amo Signature Signature SELLER (GF (RE Print Name:	RANTOR) INFO	Jale RMATION	N BUYER	Capacity_Capacity_R(GRANTER	Treasurer
additional amo Signature Signature SELLER (GF (RE Print Name: Address:	RANTOR) INFO	Jale RMATION	N BUYER Print Nam Address	Capacity_Capacity_R(GRANTER	Treasurer
additional amo Signature Signature SELLER (GF (RE Print Name: Address: City. State.	RANTOR) INFO	PRMATION	Print Nam Address City: State:	Capacity_Capacity_R(GRANTER	Treasurer  INFORMATION
additional amo Signature Signature SELLER (GF Print Name: Address: City. State.	RANTOR) INFO	RMATION 39316	Print Nam Address City: State:	Capacity_Capacity_R(GRANTER	Treasurer  INFORMATION
additional amo Signature Signature SELLER (GF Print Name: Address: City. State.	RANTOR) INFO	RMATION 39316	Print Nam Address City: State:	Capacity_Capacity_R(GRANTER	Treasurer  INFORMATION  Zip:
additional amo Signature Signature SELLER (GF (RE Print Name: Address: City. State. COMPANY/F (REQUIRED IF NO	RANTOR) INFO	RMATION 39316	Print Nam Address City: State:	Capacity_Capacity_R (GRANTER (REQUIRED)	Treasurer  INFORMATION  Zip:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)