

RPTT. L.30  
APN 005-420-18

**181463**  
**QUIT CLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S) EUREKA COUNTY TREASURER, TRUSTEE  
(Kenneth M Roberts) for and in consideration of

Eight hundred fifty and 00/100 Dollars (\$ 850 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):

Joseph Carruthers whose street address is  
(if applicable) P O Box 211090, situate in the City of Crescent Valley, County of Eureka, State of Nevada.

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

TOWNSHIP 29 NORTH, RANGE 48 EAST, MDB&M,  
SECTION 1- NE4NE4SW4

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, 2006

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

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

 **GLADY GOICOECHEA**  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No 94-0329 8 Expires July 10, 2006  
(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name Joseph Carruthers  
Address P O Box 211090  
City/State/Zip Crescent Valley, NV 89821

BOOK 359 PAGE 361  
Joseph Carruthers  
0317R 21 11:35  
RECEIVED  
FEE \$ 14.50  
**181463**

BOOK 359 PAGE 361

# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#	<u>181463</u>
Book	<u>359</u> Page <u>361</u>
Date of Recording	<u>3-21-03</u>
Notes	

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

- a) 05-420-18  
 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/Twnhse | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg    | f) <input type="checkbox"/> | Comm/Ind        |
| 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) \$ 850<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)