

RPTT 1.30  
APN 005-190-06

**181466**  
**QUIT CLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S) EUREKA COUNTY TREASURER, TRUSTEE  
(Harold Cosgrove/ C Ok Nee Knowles) for and in consideration of  
Nine hundred seventy-five and 00/100 Dollars (\$ 975 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):

Thaddeus G Faeth whose street address is  
(if applicable), P O Box 2609, situate in the City  
of Flagstaff, County of \_\_\_\_\_, State of Arizona

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description)

TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M  
SECTION 11. NE4SW4SW4

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 *et al.*

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



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: Thaddeus G Faeth  
Address: P O Box 2609  
City/State/Zip: Flagstaff, AZ 86003

BOOK 359 PAGE 365

BOOK 359 PAGE 365  
Thaddeus G. Faeth  
03 MAR 21 PM 3:31  
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# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#	181466
Book	359 Page 365
Date of Recording	3-21-03
Notes	

1. Assessor Parcel Number (s)  
 a) 05-190-06  
 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/VndT       |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

3. Total Value/Sales Price of Property: \$ 975.00  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 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)