

RPT1 65  
APN 003-196-02

**181477**  
**QUIT CLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S) EUREKA COUNTY TREASURER, TRUSTEE

(Raymond and Pauline Krum)

for and in consideration of

Five hundred dollars and 00/100 Dollars (\$ 500.00 ) 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)

James L. Nollette and Lolitaly Nollette and Randall Cullisen

whose address

is (if applicable) 4841 La Fonda Dr., Las Vegas, NV 89121

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

*(Set forth legal description)*

**NW4 OF LOT 56, NEVELCO 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 25, 2003

Frances E. Gale

Signature of Grantor

Frances L. Gale, Eureka County Treasurer

STATE OF NEVADA )

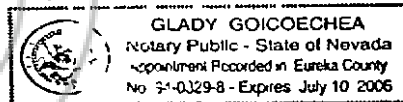
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) March 25, 2003

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

Gladys 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 James L. and Lolitaly Nollette

Address 4841 La Fonda Dr

City/State/Zip Las Vegas, NV 89121

BOOK 359 PAGE 385  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
James L. Nollette  
2003 MAR 25 PM 1:50

EUREKA COUNTY NEVADA  
H.N. REBALCATTI, RECORDER  
FILE NO. 1400

BOOK 359 PAGE 385

**181477**

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 03-196-02  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument# 181477  
Book 359 Page 385  
Date of Recording 3-25-03  
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/Indl      |
| 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) \$ 500.00

Transfer Tax Value: \$ \_\_\_\_\_

Real Property Transfer Tax Due: \$ .65

## 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)