RPTT: <u>/, 30</u> APN: <u>005-190-15</u>

## 181491

## QUIT CLAIM DEED

THIS INDENTURE WITSS That the GRANTO	R(S): <u>EUREKA COUNTY TREASURER, TRUSTEE</u>	
(Robert L. & Lynne Bifsky)	for and in consideration of	
Nine hundred seventy-five and 0 00 Dollars (\$	975.00 ) do hereby QUIT CLAIM the right, title	
and interest, if any, which GRAN'R may have in all that	real property, the receipt of which is hereby acknowledged,	
to the GRANTEE(S):	\ \	
Joseph Zilfi	whose street address is	
(if applicable): 102 South assiz	, situate in the City	
of, County of	, State of <u>Arizona</u> .	
All that certain property in the Cay of Eureka, State of N	levada bounded and described as follows:	
(Set forth legal description)		
TOWNSHIP 30 NTH, RANGE 48 EAS	r, MDB&M,	
SECTION 11: N'SW4SW4		
·		
Together with all and singular hestament and appeurtena	nces thereunto belonging or in any way appertaining to.	
In Witness Whereof, I/We have hunto set my hand/our h	ands on <u>March 19, 2003</u> .	
E 910		
Signature of Grantor		
Frances E. Gale, Eureka County bsurer		
CTATE OF NEWADA		
STATE OF NEVADA	) )	
COUNTY OF EUREKA )		
This instrument was ackniedged before me on (d)	ue) / barch 19, 2003	
By (person(s) appearing before notary pub	ed E. Jale	
Medic Minor boar	GLADY GOICOECHEA  Notary Public - State of Nevada	
Notary Public Stole	Appointment Recorded in Eureka County No: 94-0329-8 - Expires July 10, 2006	
My Commission expires: 7 3006	THE MAINTAIN AND AND AND AND AND AND AND AND AND AN	
RECORDING REQUESTED BY AND MAIL TATATEMENT TO	(Notary Stamp)  THIS SPACE FOR RECORDERS USE ONLY	
	260 PAGE 0 11	
Name: Joseph Zilfi .	OFFICIAL RECORDS	
Address: P.O. Box 1712	RECORDED AT THE REQUEST OF	
City/State/7in: Flagstoff A7 102	2003 MAR 26 PM 47 08	
City/State/Zip: Flagstaff, AZ 102 .	EUREKA COUNTY NEVADA M.N. REBALEATI, RECORDER , 00	
	FILENO. FEES 14	

## STATE OF NEVDA DECLARATIONF VALUE

1. Assessor Parcel Numr (s)		OR RECORDERS OPTIONAL USE ONLY ocument/Instrument#: /8/49/
a) 05-190-15		pok; 360 Page 0//
b)	1	
c)		ate of Recording: 3/26/6.3
d)	"	
· · · · · · · · · · · · · · · · · · ·		1
2. Type of Property:	<del></del>	
a) (X) Vacant Lan b) (	Single Fam Res. 2-4 Plex	\ \
c) Condo/Twn d) ( e) Apt. Bidg. 1) (	2-4 Plex Comm'l/Ind'l	
g) Agricultura h)	Mobile Home	
I) Other		
3. Total Value/Sales Fie of Pro		975
Deed in Lieu of Forecure Only (	value of property) \$	
Transfer Tax Value:	<u>s</u>	
Real Property Transfeax Due:	\$	1.30
	_	
4. If Exemption Claime	\	)
a. Transfer Tax Exerion, per NF	RS 375.090, Section:	
b. Explain Reason foxemption:		
		<del>V_/</del>
5. Partial Interest: Perstage bein	ng transferred:	%
	-	<del></del>
The undersigned declarend acknow	rledges under genalty	of negury pulseuppt to NPS 275 000
and NRS 375.110, that thirormation	provided is correct to	the hest of their information and
belief, and can be suppor by docum	rentation if called upon	to substantiate the state of the
provided berein. Furthern the dis-	remation in Called upon	to substantiate the information
provided herein. Furtherne, the disa	anowance or any claims	ed exemption, or other determination
of additional tax due, mayoult in a p	enally of 10% of the tax	due plus interest at 1% per month.
Pursuant to NPS 375 03:ha Buyer	and Calley shall be to	
Pursuant to NRS 375.03 he Buyer	and Sener Shan be jo	ountly and severally liable for any
additional amount ower		
Signature Tranc Lat	6	CapacityTreasurer
Signature	_ / 7	Capacity
SELLER (GRANTOR) FORMA	TION BUYER	COANTEE MECONATION
(REQUIRED)	TION DUTE	R (GRANTEE) INFORMATION
m 1 / 11	Print Nam	(REQUIRED)
Address: P 0 Box67	Address:	·
014		
CA-A-		
State: D:	State:	Zip:
001101111/100000000110111000	<b></b>	
COMPANY/PERSON :QUEST	ING RECORDING	
(REQUIRED IF NOT THE SELLER BUYER)		
Print Name:		Escrow#
Address:	- <i>u</i>	
City:	State:	Zip:

(AS A PUBLICEORD THIS FORM MAY BE RECORDED)