

RPTT: 1.30  
APN: 005-190-15

**181491**

# QUIT CLAIM DEED

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

(Robert L. & Lynne Bofsky) for and in consideration of

Nine hundred seventy-five and 000 Dollars (\$ 975.00 ) do hereby QUIT CLAIM the right, title and interest, if any, which GRANR 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 Flagstaff, County of \_\_\_\_\_, State of Arizona.

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

(Set forth legal description)

TOWNSHIP 30 NTH, RANGE 48 EAST, MDB&M,  
SECTION 11: N3SW4SW4

Together with all and singular herstament and apperutenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hunto 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 acknledged before me on (date) March 19, 2003

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

Glady Goicoechea  
Notary Public  
My Commission expires: 7-2006



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL PAYMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: Joseph Zilfi

Address: P.O. Box 1712

City/State/Zip: Flagstaff, AZ 86002

BOOK 360 PAGE 011  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Joseph Zilfi  
2003 MAR 26 PM 4:08

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 14.00

BOOK 360 PAGE 011

**181491**

# STATE OF NEVDA DECLARATION OF VALUE

| FOR RECORDERS OPTIONAL USE ONLY |               |
|---------------------------------|---------------|
| Document/Instrument#:           | 181491        |
| Book:                           | 360 Page: 011 |
| Date of Recording:              | 3/26/03       |
| Notes:                          |               |

1. Assessor Parcel Numr (s)  
 a) 05-190-15  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:

|  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Lan   | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twn    | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg.   | f) <input type="checkbox"/> | Comm'/Ind'l     |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

3. Total Value/Sales Tax of Property: \$ 975<sup>00</sup>  
 Deed in Lieu of Forecure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfeax Due: \$ 1.30

4. If Exemption Claime  
 a. Transfer Tax Exenon, per NRS 375.090, Section: \_\_\_\_\_  
 b. Explain Reason foxemption: \_\_\_\_\_

5. Partial Interest: Perntage being transferred: \_\_\_\_\_ %

The undersigned declarend acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that thnformation provided is correct to the best of their information and belief, and can be suppor by documentation if called upon to substantiate the information provided herein. Furtherre, the disallowance of any claimed exemption, or other determination of additional tax due, mayult in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.03 the Buyer and Seller shall be jointly and severally liable for any additional amount owec

Signature Franc Galb Capacity Treasurer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
 (REQUIRED)

Print Name: Francesale  
 Address: P O Box 67  
 City: Eureka, NV 89316  
 State: NV

**BUYER (GRANTEE) INFORMATION**  
 (REQUIRED)

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSON REQUESTING RECORDING**  
 (REQUIRED IF NOT THE SELLER/BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_