

RPTT: 5.85  
APN: 005-480-13

# 181492

## QUIT CLAIM DEED

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

(Otto P. & Mary P. Erdt) for and in consideration of

Four thousand three hundred and 0/100 Dollars (\$ 4300.00) 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 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 29 NTH, RANGE 49 EAST, MDB&M,  
SECTION 7: LO 3 & 4

Together with all and singular heretament 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 acknowledged before me on (date)

March 19, 2003

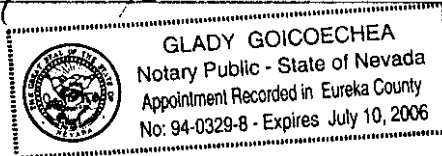
By (person(s) appearing before notary pub:

Frances E. Gale

Glady Goicoechea  
Notary Public

My Commission expires:

7-1-2006



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL FACILEMENT TO

Name: Joseph Zilfi

Address: P.O. Box 1712

City/State/Zip: Flagstaff, AZ 002

THIS SPACE FOR RECORDERS USE ONLY

BOOK 360 PAGE 012  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Joseph Zilfi  
2003 MAR 26 PM 4: 09

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

# STATE OF NEVDA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 05-480-13  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 181492  
Book: 360 Page: 012  
Date of Recording: 7-26-03  
Notes: \_\_\_\_\_

## 2. Type of Property:

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twn    | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg.   | f) <input type="checkbox"/> | Comm'l/Ind'l    |
| 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) \$

Transfer Tax Value: \$

Real Property Transfer Tax Due: \$

\$ 4300.00  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 5.85

## 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 declarant 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 375.03 the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Francis Gale Capacity Treasurer  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Francesale  
Address: P O Box 67  
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/BUYER)

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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)