RECORDED AT THE QUEST OF:

Joseph Zilfi P.O. Box 1712 Flagstaff, AZ 86002

WHEN RECORDED M. FUTURE TAX STATEMENTS TO:

Thaddeus Faeth P.O. Box 2609 Flagstaff, AZ 86003 BOOK 360 PAGE 190
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Shaddens Saich
2003 APR 18 AM 8: 23

EUREKA COUNTY NEVADA M.N. REBALEATI, RECORDER FILENO. FEE\$ 14

181554

SPACE FOR RECORDER'S USE

GRANT DEED.

FOR VALUABLE CON ERATION, receipt of which is hereby acknowledged,

Joseph Zilfi

hereby GRANT(s) to

Thaddeus Faeth

the following describeral property located in the Eureka State of Nevada

TOWNSHIP 29 NORTRANGE 49 EAST, MDB&M

SECTION 7: LOT 4

Dated 14 April 13 Grantor Signature

Joseph Zilfi

STATE OF ARIZONA

COUNTY OF CONINO

before

m--

ANOTARY PUBLIC

personally appeared

} \$\$

To Set Zi fi personally known to me (or proved to me on the basis of satisfactory evidence) be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowled to me that he/she/they executed the same in his/her/their authorized capacity(ic and that by his/her/their signature(s) on the instrument the person(s) or the entity upon be hat which the person(s) acted, executed the instrument.

WITNESS my hand anfficial seal.

Notary Signature

OFFICIAL EAL AURA SNOPEK AURA SNOPEK 1ARY PUBLIC - ARIZONA 1ARY PU

STATE OF NEVADA DECLARATION OF VALUE

1.	Assessor Parcel Number(s)	
	a) 005-480-13	
	b)	
	c)	\ \
	d)	\ \
2.	Type of Property:	FOR RECORDERS OPTIONAL USE ONLY
	a) Vacant Land b) Sie Fam. Res.	Document/Instrument #: 181554
	c) Condo/Twnhse d) 22lex	Book 360 Page: 190
	e) Apt. Bldg f) Cm'l/Ind'i	Date of Recording: 4-18-03
	g) Agricultural h) Nile Home	
	Other	Notes:
7		A D . N A
Э.	Total Value/Sales Price of Proty	\$ 3000.00
	Deed in Lieu of Foreclosure Only tue of property)	
	Transfer Tax Value:	\$ 3000.00
	Real Property Transfer Tax D	\$ 5-20 3.90
<u>4.</u>	If Exemption Claimed:	
	a. Transfer Tax Exemption pertS 375,090, Section	
	b. Explain Reason for Exempn:	
5.	Partial Interest: Percentage bg transferred:	%
		_ \
	The undersigned declares ancknowledges, und	er penalty of perjury, pursuant to NRS.375,060
an	d NRS 375.110, that the informin provided is corre	ct to the best of their information and belief, and can be
SU	pported by documentation if callupon to substantial	te the information provided herein. Furthermore, the
dis	sallowance of any claimed exemin, or other determi	nation of additional tax due, may result in a
pe	nalty of 10% of the tax due plus rest at 1% per mo	nth. Pursuant to NRS 375.030, the Buyer and Seller
sh	all be jointly and severally liable any additional amo	ount owed.
	$\sqrt{11}$	
Qi.	gnature / 4//	Bula (
		Capacity Buyer
Siç	gnature S/Ap 71	Capacity Seller
	10661	
)
	SELLER (GRANTOR) INFOIATION	BUYER (GRANTEE) INFORMATION
	(REQUIRED)	(REQUIRED)
Pri	(REQUIRED)	(REQUIRED)
	(REQUIRED) int Name: Joseph Z. I Idress: PO Box 17	Print Name: Thadders Faeth
	(REQUIRED) int Name: Joseph Z. I Idress: PO Box 17	Print Name: Thadders Faeth Address: PO Box 2509
Ad Cit	(REQUIRED) int Name: Joseph Z. I Idress: PO Box 17	Print Name: Thadders Faeth Address: PO Box 2609 City: Flagsfalf
Ad Cit Sta	int Name: Joseph Z. Interest Po Box 17 by: Flagstaff, ithis Moo ate: Az Zip: 4002	Print Name: Thadders Faeth Address: PO Box 2509 City: Flagsfalf State: AZ Zip: 86003
Ad Cit Sta	int Name: Joseph Z. Interest Po Box 17 by: Flagstaff, ithis Moo ate: Az Zip: 4002	Print Name: Thadders Faeth Address: PO Box 2509 City: Flagsfalf State: AZ Zip: 86003
Ad Cit Sta	(REQUIRED) int Name: Joseph Z. Idress: Ph. 130 x 17 IV: Flageta F. MAN MOO ate: AZ Zip: COCONDING (recompany/PERSON REQUESTIFRECORDING (recompany/PERSON REQUES	Print Name: Thadders Faeth Address: PO Box 2509 City: Flagsfalf State: AZ Zip: 86003
Ad Cit Sta CC Pri	(REQUIRED) int Name: Joseph Z int Name: Joseph Z idress: Ph Box 17 iy: Flageta F, idth, idth ate: AZ Zip: V DMPANY/PERSON REQUEST# RECORDING (reg int Name:	Print Name: Thadders Faeth Address: PO Box 2509 City: Flagsfalf State: AZ Zip: 86003
Ad Cit Sta CC Pri Ad	(REQUIRED) int Name: Joseph Z int Name: Ph Box 17 by: Flageta F, ithis Moo ate: AZ Zip: CODE DMPANY/PERSON REQUEST#RECORDING (require Name: lidress:	Print Name: Thadders Faeth Address: PO Box 2509 City: Flagsfalf State: AZ Zip: 86003 uired if not seller or buyer) Escrow#
Ad Cit Sta CC Pri	(REQUIRED) int Name: Joseph Z int Name: Ph Box 17 by: Flageta F, ithis Moo ate: AZ Zip: CODE DMPANY/PERSON REQUEST#RECORDING (require Name: lidress:	Print Name: Thadders Faeth Address: PO Box 2509 City: Flagsfalf State: AZ Zip: 86003

(AS JIBLIC RECORD THIS FORM MAY BE RECORDED)