

RECORDING REQUEST BY

AND WHEN RECORDED INTO

BOOK 362 PAGE 165-166
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Maria Angela Moran
2003 JUN -5 PM 2:39

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$15.00

181965

Name
Street
Address
City &
State

Maria Angel Moran
PO BOX 211213
Crescent Valley Nevada
89821

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL STATEMENTS TO

Name
Street
Address
City &
State
Zip

Maria Angela Moran
PO BOX 211213
Crescent Valley Nevada
89821-1213

DOCUMENTARY TRANSFER TAX \$

1820.00

2,160.00

COMPUTED ON FULL VALUE OF PROPERTY CONVEYED,

OR COMPUTED ON FULL VALUE LESS LIENS AND
ENCUMBRANCES REMAINING AT TIME OF SALE.

Signature of Declarant or Agent determining tax. Firm Name

Quitclaim Deed

I, *Barbara Trickey*, quitclaim to *Maria Angela Moran*
all my right, titled interest in the real property situated in the City of *Crescent Valley*
(or in an unincorporated area of) *Eureka* County, Nevada,
with the legal deaption as follows: *T.30N., R.48 East, SECTION 33*
N 25 E 4 NW 4
parcel # 005-240-26

Executed on *13 day of January, 2003*, in the City of *Roswell*,
in the State of *Nw Mexico*

Barbara Cooper / ^{AKA} *Barbara Trickey* *Barbara Trickey*
(ature of Grantor) (Typed Name)

(Signe of Grantee, Optional)

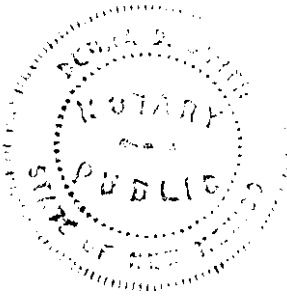
(Typed Name)

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BOOK 362 PAGE 165

New York
State of ~~Nevada~~
County of *Char*.....

On *1-13-03* before me, *Debra Smith*
personally appeared *Barbara Trickey*, personally
known to me (or proved to me on the basis of satisfactory evidence)
to be the person(s) whose name(s) is/are subscribed in the within
instrument and acknowledged to me that he/she/they executed
the same in his/her/their authorized capacity(ies) and that by his/
her/their signature(s) on the instrument the person(s) or the
entity upon behalf of which the person(s) acted, executed the
instrument.



WITNESS my hand and official seal.

Signature: *Debra D. Smith*

DATED, 19

Quitclaim Deed

STATE OF NEADA DECLARATIC OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	181965
Book:	362
Page:	165-166
Date of Recording:	6/5/03
Notes:	

1. Assessor Parcel Number (s)
 a) 005-2426
 b) _____
 c) _____
 d) _____

2. Type of Property:

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

3. Total Value/Sale Price of Property: \$ 1,820.00
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value \$ _____
 Real Property Trans Tax Due: \$ 2.60

4. If Exemption Claimed:
 a. Transfer Tax Exemption, per NRS 375.090, Section: _____
 b. Explain Reason Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned decs and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that 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, will result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 3750, the Buyer and Seller shall be jointly and severally liable for any additional amount due.

Signature Maria A. Moran Capacity Joint Owner
 Signature Doris A. Smith Capacity " "

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Print Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
 (REQUIRED) - please see original deed to add decs
 Print Name: MARIA MORAN & DORIS A. SMITH
 Address: PO 211213 PO 211044
 City: Crescent Valley NV 89821 Crescent Valley NV 89821
 State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING
 (REQUIRED IF NOT THE SELLER OR BUYER)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____