

RPTT 19.50  
APN 01-171-18

**182215**  
**QUITCLAIM DEED**

THIS INDENTURE WITNESSETH That the GRANTOR(S): Donald D. Eldridge & Lois Eldridge

for and in consideration of Ten Dollars (\$ 10.00)

do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): Rex L. Moore, Linda J. Moore, Matthew R. Moore & Marlayna M. Moore with right of survivorship

whose street address is (if applicable) P. O. Box 574, Eureka, NV 89316,  
situate in the City of Eureka, County of Nevada, State of Nevada bounded and described as follows: (Set forth legal description)

Lot number 1 of Map File Number 173560  
of the NW4 of Section 24, T19N, R53E M.D.B. & M.

Together with all and singular editament and appurtenances thereunto belonging or in any way appertaining to.  
In Witness Whereof, I/We have hereunto set my hand/our hands on 8 day of July, 2003.

Donald D. Eldridge  
Signature of Grantor

Lois Eldridge  
Signature of Grantor

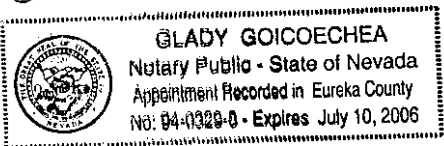
Donald D. Eldridge  
Print or Type Name Here

LOIS ELDRIDGE  
Print or Type Name Here

STATE OF NEVADA )  
COUNTY OF Eureka )

This instrument was acknowledged before me on 8 day of July, 2003, by (person(s) appearing before notary public) Donald D. Eldridge and Lois Eldridge

Glady Goicoechea  
Notary Public  
My commission expires: 7-10-2006

(Notary Stamp) 

RECORDING REQUESTED BY AND MAIL TAX STATE TO  
Name: Linda J. Moore  
Address: 940 So. Min  
City/State/Zip: Eureka, NV 89316

THIS SPACE FOR RECORDERS USE ONLY  
BOOK 363 PAGE 237  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Linda Moore  
2003 JUL 14 PM 2:29

# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	182215
Book:	363 Page: 237
Date of Recording:	7/14/03
Notes:	

**1. Assessor Parcel Numr (s)**

- a) 01-171-18
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**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 Pr of Property:**

Deed in Lieu of Forecure Only (value of property) \$ 15,000.00  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfeax Due: \$ 19.50

**4. If Exemption Claimed**

- a. Transfer Tax Exerion, per NRS 375.090, Section: \_\_\_\_\_
- b. Explain Reason for exemption: \_\_\_\_\_

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

The undersigned declarand 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 support 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, massult in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.0 the Buyer and Seller shall be jointly and severally liable for any additional amount owe

Signature Linda J. Moore Capacity \_\_\_\_\_  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

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

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Linda J. Moore  
 Address: 940 S. Main  
 City: Eureka  
 State: NV Zip: 89316

**COMPANY/PERSO REQUESTING RECORDING**

(REQUIRED IF NOT THE SEL. OR BUYER)

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