

# QUIT CLAIM DEED

APN: 01-012-24

RECORDING REQUESTED BY AND L. TAX STATEMENT TO

Name: Cynthia Cul Moon  
Address: PO Box 80  
City/State/Zip: Eureka NV 89316

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Cynthia C Moon  
2003 AUG 20 PM 2:24

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
**182346** FEES 14.00

THIS INDENTURE WITNESS That the GRANTOR(S):

Cynthia Moon Bass for and in consideration of  
\_\_\_\_\_ Dollars (\$ 1.00 ) do hereby QUIT CLAIM the

right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of  
which is hereby acknowledged, to the GRANTEE(S):

Cynthia Cul Moon whose address  
is (if applicable): 58 Nob Hill Ave., situate  
in the City of Eureka, County of Eureka, State of Nevada.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:  
(Set forth legal description)

Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on 8-20-03.

Cynthia Moon Bass  
Signature of Grantor

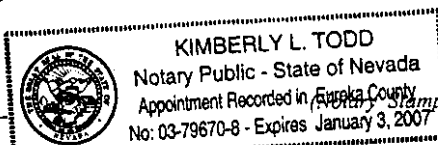
Signature of Grantor

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) Cynthia Moon Bass  
By (person/s) appearing before me (public) August 20, 2003

Kimberly L. Todd  
Notary Public  
My Commission expires 1/3/07



182346

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# STATE OF NEVAA DECLARATION OF VALUE

## 1. Assessor Parcel Num(s)

- a) 01-012-24  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182346  
Book: 364 Page: 286  
Date of Recording: 8/20/03  
Notes: \_\_\_\_\_

## 2. Type of Property:

- |                             |              |  |                 |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land  | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhs  | 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 Pri of Property:

Deed in Lieu of Foreclose Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 0

## 4. If Exemption Claimed

- a. Transfer Tax Exempt, per NRS 375.090, Section: \_\_\_\_\_  
b. Explain Reason for exemption: Name Change of Owner

## 5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned declares and 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 375.030 the Buyer and Seller shall be jointly and severally liable for any additional amount owed

Signature Cynthia C. Moon Capacity \_\_\_\_\_  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Cynthia C. Moon  
Address: 1018 840  
City: Carlin  
State: NV Zip: 89316

## 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)