

QUIT CLAIM DEED

APN: 003-023-02

RECORDING REQUESTED BY ANNUAL TAX STATEMENT TO

Name: Charles R. & Elbeth D. Crawford
Address: 559 49th Street Ocean
City/State/Zip: Marathon FL 33050

BOOK 366 PAGE 015
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Charles R. Crawford
2003 SEP 30 AM 8:14

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

182543

THIS INDENTU WITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUST, (George Anderson) for and in consideration of
One Thousand Two Hured Twenty Two Dollars (\$ 1222.06) do hereby QUIT CLAIM
the right, title and interest any, which GRANTOR(S) may have in all that real property, the receipt
of which is hereby acknowldged, to the GRANTEE(S): Charles R. & Elizabeth D. Crawford
_____ whose address is
(if applicable): 559th Street Ocean, situate in the
City of Marathon, County of _____, State of Florida.

All that certain property in County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal descripti

LOT 3, ECK 7, CRESCENT VALLEY RANCH AND FARMS UNIT #3

Together with all and sinar hereditament and apperutenances thereunto belonging or in any way
appertaining to. In Witne Whereof, I/We have hereunto set my hand/our hands on _

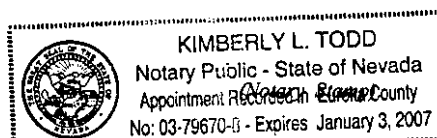
SEPT. 29, 2003.

Frances E. Gale
Signature of Grantor
Frances E. Gale, Eureka unty Treasurer

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument v acknowledged before me on (date) Sept 29, 2003
By (person(s) appearing before my public) Frances E Gale

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



182543

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STATE OF NEVDA DECLARATION OF VALUE

1. Assessor Parcel Numr (s)

- a) 003-023-02
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182543

Book: 366 Page: 015

Date of Recording: 9/30/03

Notes: _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnh | 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: \$

\$ 1222.06

\$

\$

\$

1.95

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 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 Frances Gale Capacity Treasurer

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Frances Gale
Address: P O Box 7
City: Eureka, 89316
State: _____

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)