

# QUIT CLAIM DEED

APN: 005-010-09

RECORDING REQUESTED BY AND L TAX STATEMENT TO

Name: JERRY L. FULLER

Address: 547 Ralston St #7

City/State/Zip: Reno NV 89503

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Jerry L. Fuller  
2003 SEP 30 AM 8:21

EUREKA COUNTY NEVADA  
M.N. REGALATI. RECORDER  
FILE NO. FEES 14.00

**182547**

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUST, (Robert F. McKee) for and in consideration of  
Two Thousand Nine Hundred Dollars (\$ 2900.00 ) do hereby QUIT CLAIM the  
right, title and interest, if a which GRANTOR(S) may have in all that real property, the receipt of  
which is hereby acknowledged, to the GRANTEE(S): JERRY. L. FULLER/ALEX NICOLE  
FULLER/ROBERT ALN FULLER whose address is  
(if applicable): 5 Ralston Street #7, situate in the City of  
Reno, County of Washoe, State of Nevada.

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

TOWNSHIP 31 NORTH, RANGE 48 EAST, MDB&M  
SECTION 5: E1 LOT 1

Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In WitneWhereof, I/We have hereunto set my hand/our hands on \_

SEPT. 29, 2003

Frances E. Gale  
Signature of Grantor

Frances E. Gale, Eureka County Treasurer

STATE OF NEVADA )

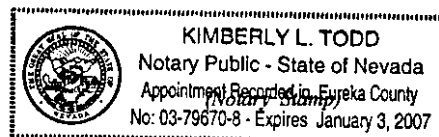
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) 9/29/03

By (person(s) appearing before me) Frances E. Gale

Kimberly L. Todd  
Notary Public

My Commission expires: 1/3/07



**182547**

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# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Numr (s)

a) 005010-09  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182547

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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) \$ 2900

Transfer Tax Value: \$ \_\_\_\_\_

Real Property Transfer Tax Due: \$ 3.90

## 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 17  
City: Eureka, NV 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)