

QUIT LAIM DEED

APN: 003-221-05

RECORDING REQUESTED BY ANGL TAX STATEMENT TO

Name: LLOYD L. HEA
Address: 8035 WEST CRG ROAD
City/State/Zip: LAS VEG, NV 89129

BOOK 366 PAGE 021
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Lloyd L. Heard
2003 SEP 30 AM 8:22

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

182549

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUST, (Michael Stewart) for and in consideration of
ONE THOUSAND SIXHUNDRED AND 00/100 Dollars (\$1600.00) do hereby QUIT
CLAIM the right, title and rest, if any, which GRANTOR(S) may have in all that real property, the
receipt of which is hereby acknowledged, to the GRANTEE(S): LLOYD L. HEARD

_____ whose address is
(if applicable): 835 WEST CRAIG ROAD , situate in the
City of LAS VEGAS county of CLARK , State of NEVADA .

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

LOTS 4, 8 & 9, BLOCK K, NEVELCO INC. UNIT #2

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


SEPT. 29, 2003 .

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

STATE OF NEVADA)
)
COUNTY OF EUREKA)

This instrument wacknowledged before me on (date) 9/29/03
By (person(s) appearing before my public) Frances E. Gale

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

 **KIMBERLY L. TODD**
Notary Public - State of Nevada
Approved & Recorded in Eureka County
No: 03-79670-8 - Expires January 3, 2007

STATE OF NEVDA DECLARATION OF VALUE

1. Assessor Parcel Numr (s)

- a) 003-221-0
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>182549</u>
Book:	<u>366</u>
Page:	<u>021</u>
Date of Recording:	<u>9/30/03</u>
Notes:	_____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnht | 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: \$ 260⁰⁰

\$ 1600⁰⁰
 \$ _____
 \$ _____
 \$ _____

4. If Exemption Claimed

a. Transfer Tax Exemtn, 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: _____