

# QUIT CLAIM DEED

APN: 005-720-07

RECORDING REQUESTED BY ANNUAL TAX STATEMENT TO  
Name: Mike Kincade  
Address: P.O. Box 280  
City/State/Zip: Rancho Cordova, CA 95741

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Mike Kincade  
2003 SEP 30 AM 8:22  
EUREKA COUNTY NEVADA  
M.H. REBALEATI RECORDER  
FILE NO. FEES \$ 14.00  
**182551**

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUST, (Jan & Cheryl Russell) for and in consideration of  
Three Thousand Five hundred Dollars (\$ 3500.00 ) do hereby QUIT CLAIM the right,  
title and interest, if any, wh GRANTOR(S) may have in all that real property, the receipt of which  
is hereby acknowledged, he GRANTEE(S): Mike Kincade

whose address is  
(if applicable): P.O. Box 2802, situate in the  
City of Rancho Cordova, County of \_\_\_\_\_, State of California.

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

*(Set forth legal description)*

TOWNSHIP 29 NORTH, RANGE 52 EAST, MDB&M  
SECTION 31: N2SW4

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

SEPT. 29, 2003.

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

STATE OF NEVADA )  
COUNTY OF EUREKA )

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

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

 KIMBERLY L. TODD  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No: 03-79670-8 - Expires 1/3/2007

**182551**

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# STATE OF NEVDA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	182551
Book:	366
Page:	023
Date of Recording:	9/30/03
Notes:	

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

- a) 005-780-07
- 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/Twnt   | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg.   | f) <input type="checkbox"/> | Comm'l/Ind'l    |
| s) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| l) <input type="checkbox"/>            | Other        |                             |                 |

**3. Total Value/Sales Pe of Property:**

Deed in Lieu of Foreclre Only (value of property) \$ 3500<sup>00</sup>

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

Real Property Transfer Tax Due: \$ 4.55

**4. If Exemption Claimed**

- a. Transfer Tax Exeman, per NRS 375.090, Section: \_\_\_\_\_
- b. Explain Reason foremption: \_\_\_\_\_

**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 Francis Galb Capacity Treasurer

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) FORMATION**

(REQUIRED)

Print Name: Francesile

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: \_\_\_\_\_