

# QUIT CLAIM DEED

APN: 005-180-16

BOOK 366 PAGE 027  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Jan Carey Martin*  
2003 SEP 30 AM 8:28

EUREKA COUNTY NEVADA  
H.N. REBALEATI, RECORDER  
FILE NO. FEE \$14.00

**182555**

RECORDING REQUESTED BY AND I. TAX STATEMENT TO

Name: IAN CAREY MARTIN  
Address: 8900 VISCOU #211  
City/State/Zip: EL PASO TEXAS 79925

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEES (Wayne & Gertrude Fenderson) for and in consideration of  
THIRTEEN THOUSAND NINE HUNDRED AND 00/100 Dollars (\$13900.00) 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):

IAN CAREY MARTIN whose address is (if  
applicable): 8900 VISCOU #211, situate in the  
City of EL PASO County of \_\_\_\_\_, State of TEXAS.

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

(Set forth legal description)

TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M

SECTION 25: S

Together with all and singr 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*

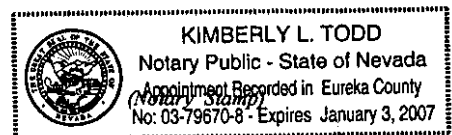
Signature of Grantor  
Frances E. Gale, Eureka City Treasurer

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument wacknowledged 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



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# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	182555
Book:	366
Page:	027
Date of Recording:	9/30/03
Notes:	

1. Assessor Parcel Numr (s)  
 a) 005-180-16  
 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/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: \$ 13,900<sup>00</sup>  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 18.20

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: \_\_\_\_\_