

# QUIT CLAIM DEED

APN: 005-090-15

RECORDING REQUESTED BY AND L. TAX STATEMENT TO

Name: JUDITH C. MA'YR-LYNN  
Address: 1010 SKYLIN  
City/State/Zip: BATTLE MOUNTAIN, NV 89820

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Judith C. Mayer-Lynn  
2003 SEP 30 AM 8:28

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

**182556**

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUST, (J. Brown/D. Brown/J. Brown/S. Artesky/R. Artesky)

for and in consideration of

THREE THOUSAND VE HUNDRED AND 00/100 Dollars (\$3500.00) 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 her/ acknowledged, to the GRANTEE(S): JUDITH C. MAYER-LYNN

whose address  
is (if applicable): 1010 SKYLINE, situate in the City  
of BATTLE MOUNTAIN, County of \_\_\_\_\_, State of NEVADA.

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

TOWNSHIP 31 NORTH, RANGE 49 EAST, MDB&M  
SECTION 3: NW4NW4

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

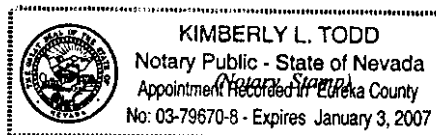
Frances E. Gale  
Signature of Grantor  
Frances E. Gale, Eureka County Treasurer

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was 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



**182556**

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# STATE OF NEVDA DECLARATION OF VALUE

## 1. Assessor Parcel Numr (s)

a) 05-090-15  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182556

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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) \$ 3500<sup>00</sup>

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

Real Property Transfer Tax Due: \$ 4.55

## 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: CA

## 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)