

QUIT CLAIM DEED

APN: 005-190-30

BOOK 366 PAGE 029
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Judith C. Mayer-Lynn
2003 SEP 30 AM 8:29

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$ 4.00

182557

RECORDING REQUESTED BY AND IL TAX STATEMENT TO

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

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUST, (Beatrice D. Ramsey) for and in consideration of
ONE THOUSAND THE HUNDRED AND 00/100 Dollars (\$1300.00) 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): 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 the County of Eureka, State of Nevada bounded and described as follows:
(Set forth legal description)

TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M
SECTION 1: NW4SW4NW4

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 me in my public capacity) Frances E. Gale

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

 KIMBERLY L. TODD
Notary Public - State of Nevada
Appointed by Governor in Eureka County
No: 03-79670-8 - Expires January 3, 2007

182557

BOOK 366 PAGE 29

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	182557
Book:	366
Page:	029
Date of Recording:	9/30/03
Notes:	

1. Assessor Parcel Num^{er} (s)
 a) 005-190-3
 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: \$ 1,300⁰⁰
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 1.95

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 Francis Gale Capacity Treasurer
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
 (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: _____