

# QUIT CLAIM DEED

APN: 005-190-30

RECORDING REQUESTED BY AND IL TAX STATEMENT TO

Name: JUDITH C. MA'YR-LYNN

Address: 1010 SKYLIN

City/State/Zip: BATTLE MOUNTAIN, NV 89820

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. 182557 FEES 44.00

**182557**

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 public) 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 of Eureka County  
No: 03-79670-8 - Expires January 3, 2007

**182557**

BOOK 366 PAGE 29

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Num<sup>er</sup> (s)

- a) 005-190-3  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182557

Book: 366 Page: 029

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) \$ 1,300<sup>00</sup>

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: Francis Gale  
Address: P O Box 7  
City: Eureka, CA 95316  
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)