

# QUIT LAIM DEED

APN: 003-104-02

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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 \$ 14.00

**182558**

RECORDING REQUESTED BY ANNUAL TAX STATEMENT TO

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

THIS INDENTU WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUST, (Roland N. Grattan) for and in consideration of  
ONE THOUSAND SEVEN HUNDRED NINETY TWO AND 22/100 Dollars  
(\$1792.22 ) do hereby (IT CLAIM the right, title and interest, if any, which GRANTOR(S) may  
have in all that real prop: the receipt of which is hereby acknowledged, to the GRANTEE(S):

JUTH C. MAYER-LYNN whose address is (if  
applicable): 910 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 descriptio*

**LOT 2, BLOCK 20, CRESCENT VALLEY RANCH AND FARMS UNIT #4**

Together with all and sinar hereditament and apperutenances thereunto belonging or in any way  
appertaining to. In WitneWhereof, I/We have hereunto set my hand/our hands on \_

SEPT. 29, 2003.

Frances E. Gale  
Signature of Grantor

Frances E. Gale, Eureka Cnty 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

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

**182558**

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# STATE OF NEVADA DECLARATION OF VALUE

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

- a) 003-104-02
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>182558</u>
Book:	<u>366</u> Page: <u>030</u>
Date of Recording:	<u>9/30/03</u>
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) \$ 1792.22  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 2.60

**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: \_\_\_\_\_