

# QUIT CLAIM DEED

APN: 007-250-12

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Lewis Strite et al  
2003 SEP 30 AM 8:40

EUREKA COUNTY NEVADA  
M.H. REBEATH, RECORDER  
FILE NO. FEES 14.00

**182563**

RECORDING REQUESTED BY ANNUAL TAX STATEMENT TO

Name: LEWIS/RHODAAUL/WENDY STRITE  
Address: P.O. BOX 1015  
City/State/Zip: EUREKA NV 89316

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUST. (Stacy & Catherine Reid) for and in consideration of  
ELEVEN THOUSANDND 00/100 Dollars (\$11,000.00) 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):

LEWIS/RHODA/P/L/WENDY STRITE whose address is (if  
applicable): P. BOX 1015, situate in the  
City of EUREKA, 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 21 NORTH, RANGE 54 EAST, MDB&M  
SECTION 4: NNW4NW4

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

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

**182563**

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# STATE OF NEVDA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	182563
Book:	366
Page:	035
Date of Recording:	9/30/03
Notes:	

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

- a) 007-250-1
- 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/Ind'l      |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

**3. Total Value/Sales Pe of Property:**

Deed in Lieu of Foreclosure Only (value of property) \$ 11,000<sup>00</sup>

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

Real Property Transfer Tax Due: \$ 14.30

**4. If Exemption Claimed:**

- a. Transfer Tax Exemtn, per NRS 375.090, Section: \_\_\_\_\_
- b. Explain Reason for exemption: \_\_\_\_\_

**5. Partial Interest: Perciage 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) FORMATION**

(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: \_\_\_\_\_