

QUIT CLAIM DEED

APN: 005-700-02

BOOK 366 PAGE 040
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Joseph Zilfi, Jr
2003 SEP 30 AM 8:44

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

182568

RECORDING REQUESTED BY AND A TAX STATEMENT TO

Name: JOSEPH ZILFI,
Address: P.O. BOX 1712
City/State/Zip: FLAGSTAFF, AZ 86002

THIS INDENTURWITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUSTE (James & Judith Braecklin) for and in consideration of
ONE THOUSAND FIFTAND 00/100 Dollars (\$1050.00) do hereby QUIT CLAIM the right,
title and interest, if any, wh GRANTOR(S) may have in all that real property, the receipt of which
is hereby acknowledged, to GRANTEE(S): JOSEPH ZILFI, JR

whose address
is (if applicable): P. BOX 1712, situate in the City
of FLAGSTAFF county of _____, State of ARIZONA.

All that certain property in County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description:

TOWNSH29 NORTH, RANGE 49 EAST, MDB&M
SECTION: NE4NE4NW4

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

SEPT. 29, 2003 .

Frances E Gale
Signature of Grantor
Frances E. Gale, Eureka City 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
Appointed/Recorded in Eureka County
No: 03-79670-8 - Expires January 3, 2007

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STATE OF NEVAA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	182568
Book:	366 Page: 040
Date of Recording:	9/30/03
Notes:	

1. Assessor Parcel Num(s)
 a) 005-700-02
 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/Twnhse | 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 Pri of Property: \$ 1050.00
 Deed in Lieu of Foreclos: Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer T Due: \$ 1.95

4. If Exemption Claimed:
 a. Transfer Tax Exempt, 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, Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Frances Galb Capacity Treasurer
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)
 Print Name: Frances Galb
 Address: P O Box 1
 City: Eureka, 89316
 State: Z

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: _____