QUIT CAIM DEED

APN: 003-141-22

RECORDING REQUESTED BY AND J. TAX STATEMENT TO

EUREKA COUNTY NEVADA M.M. REBALEATI, RECORDER FEES/4.00 Name: JOSEPH ZILFI. 182569 Address: P.O. BOX 1712 City/State/Zip: FLAGSTF, AZ 86002 THIS INDENTURWITNESS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTF (James Galanis) for and in consideration of ONE THOUSAND EIG HUNDRED AND 00/100 Dollars (\$1800.00) do hereby OUIT CLAIM the right, title and rest, if any, which GRANTOR(S) may have in all that real property, the receipt of which is herencknowledged, to the GRANTEE(S): JOSEPH ZILFI, JR whose address is (if applicable): P. BOX 1712 . situate in the City of FLAGSTAFF ounty of . State of ARIZONA . All that certain property in County of Eureka, State of Nevada bounded and described as follows: (Set forth legal description TOWNSHIP 29 NRTH, RANGE 48 EAST, MDB&M SECTION 29: \$2:4SW4, CRESCENT VALLEY RANCH & FARMS UNIT #5 Together with all and singr hereditament and appeurtenances thereunto belonging or in any way appertaining to. In Witness hereof, I/We have hereunto set my hand/our hands on SEPT. 29, 2003 Signature of Grantor Frances E. Gale, Eureka Cay Treasurer STATE OF NEVADA COUNTY OF EUREKA This instrument wacknowledged before me on (date) By (person(s) appearing before no public) rances. KIMBERLY L. TODD Notary Public - State of Nevada Notary Public Appointment Recorded in Eureka County No: 03-7967018 DEX Stress Manuary 3, 2007 My Commission expires:

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OFFICIAL RECORDS RECORDED AT THE REQUEST OF oseph Zielli Gr

PAGE 041

STATE OF NEVAA DECLARATION F VALUE

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	Parcel Numt (s)		iment/Instrument#: 182569
	141-22	Book	
b)			of Recording: <u>9/30/03</u>
c)		Note	s:
d)		 -	
2. Type of Pr a) (X) c) () e) ()	Vacant Land b) (Condo/Twnhs d) (Single Fam Res. 2-4 Plex Comm'Vind'i	
	Apt. Bldg. f) (Agricultural h) (Other	Mobile Home	00
	ue/Sales Pri of Pro	100	800
	eu of Foreclas Only ((value of property) \$ '	
Transfer Ta	x Value:	\$	
Real Prope	rty Transfer 1 Due:	8	2.60
4 165	01.1		
4. If Exempti)
	er Tax Exempt, per NF	RS 375.090, Section:	
, b. Expiai	n Reason for Imption:		
			
5 Partial Inte	erest: Perceige bei	ng transferred:	%
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belief, and can provided herei of additional ta	be supported document. Furthermothe disa x due, may ret in a p RS 375.030, a Buyer	nentation if called upon to allowance of any claimed enalty of 10% of the tax d	e best of their information and substantiate the information exemption, or other determination lue plus interest at 1% per month.
Signature	FrancerLal	b_ /	Capacity Treasurer
Signature_	1.60		Capacity
olgilataro			.oapacity
	RANTOR) FORMA		GRANTEE) INFORMATION (REQUIRED)
Print Name:	Frances te	Print Name:	
Address:	P O Box (Address:	
City:	Eureka, 2 89316		
State:	Z Z	State:	Zip:
- 1111		-	4-1 pr +
COMPANY	PERSON RIUEST	ING RECORDING	
The state of the s	OT THE SELLER CUYER)		
Print Name:			Escrow#
Address:			
City:		State:	Zip:

(AS A PUBLIC FORD THIS FORM MAY BE RECORDED)