

QUIT CLAIM DEED

APN: 003-192-04

RECORDING REQUESTED BY AND A. TAX STATEMENT TO

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

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Joseph Zilfi Jr
2003 SEP 30 AM 8:48

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. 14.00

182571

THIS INDENTURWITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUSTE (Robert A. Jones) for and in consideration of
ONE THOUSAND ONE HUNDRED EIGHTY EIGHT AND 79/100 Dollars (\$1188.79) do
hereby QUIT CLAIM the rt, 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):
JOSEPH ZILFI, JR whose address is (if applicable): P.O. 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)

LOTS 37 & 38, NEVELCO INC. UNIT #1

Together with all and singlr 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 City Treasurer

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) 9/29/03
By (person(s) appearing before me 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

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STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number(s)

- a) 003-192-04
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182571
Book: 366 Page: 043
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/Twnhs. | 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) \$ 118,879

Transfer Tax Value: \$ _____

Real Property Transfer Tax 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 Galt Capacity: Treasurer

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Frances Galt
Address: P O Box 6
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)