

QUIT CLAIM DEED

APN: 005-480-02

BOOK 376 PAGE 369  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
John A. Turoff  
2004 MAR 15 PM 1:43

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
Name: JOHN A. TUROFF LIVING TRUST  
Address: 41022 WEST ROSEWOOD DRIVE  
City/State/Zip: CLINTON TOWNSHIP, MICH.  
48038

EUREKA COUNTY, NEVADA  
H.N. REBALEATI, RECORDER  
FILE NO. FEES /4.00

185976

THIS INDENTURE WITNESS That the GRANTOR(S):

JOHN A. TUROFF for and in consideration of

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_) 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):

JOHN A. TUROFF LIVING TRUST AGREEMENT UAD 10/14/03 whose address

is (if applicable): 41022 West Rosewood Drive, situate

in the City of CLINTON TWP, County of MACOMB, State of MICHIGAN.

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

(Set forth legal description) PARCEL NUMBER 005-480-02

TOWNSHIP 29 NORTH, RANGE 49 EAST, M.D.B. & M.

SECTION 5: E 1/2 OF NW 1/4, ALSO KNOWN AS

LOTS 3, 6, & 11.

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 \_\_\_\_\_.

Signature of Grantor [Handwritten Signature]

Signature of Grantor \_\_\_\_\_

STATE OF ~~NEVADA~~ MICHIGAN

COUNTY OF ~~EUREKA~~ MACOMB

This instrument was acknowledged before me on (date) 3/10/04

By (person(s) appearing before notary public) JOHN A. TUROFF

[Handwritten Signature] Notary Public

My Commission expires: 5/26/2004

CHARLES R SHAW  
Notary Public, Macomb County, MI  
My Commission Expires May 26, 2004  
(Notary Stamp)

185976

BOOK 376 PAGE 369

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 005-480-02  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 185976  
 Book: 376 Page: 369  
 Date of Recording: 3-15-04  
 Notes: \_\_\_\_\_

## 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'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) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 0

## 4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 8  
 b. Explain Reason for Exemption: Transfer to a trust

## 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 John A. Turoff Capacity \_\_\_\_\_  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: JOHN A. TUROFF  
 Address: 41022 W. ROSELWOOD DR.  
 City: CLINTON TOWNSHIP  
 State: MI. Zip: 48038

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

### COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)