

Recording Requested By:
THE RASMUSSEN TRUST
PO BOX 112
EUREKA NEVADA 89316
And When Recorded Mail To:

Name : **THE RASMUSSEN TRUST**
Street Address: **PO BOX 112**
City : **EUREKA**
State and Zip : **NEVADA 89316**

Mail Tax Statements To:

Name : **RASMUSSEN TRUST**
Mailing Address: **PO BOX 112**
City : **EUREKA**
State and Zip : **NEVADA 89316**

Space above this line for recorders use _____

QUITCLAIM DEED

The undersigned declare(s):

Documentary transfer tax is \$

- () computed on full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale.
() unincorporated area: () ,and

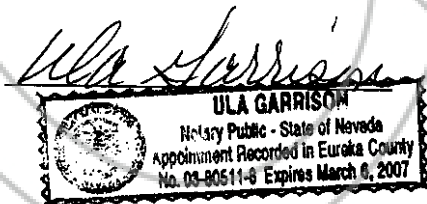
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, the Undersigned,

Do hereby Remise, Release and forever Quitclaim to, Earl A and Lavernia C. Rasmussen, Trustees of The Rasmussen Trust. The following described real property in the County of Eureka, State of Nevada.

County of Eureka, State of Nevada, described as follow . To-wit: Lot 3 of Lot 2 of Parcel 1, as shown on parcel map filed in official records of Eureka Co. by Jerry Lee Anderson, file #96027, 10/1/84 Lot 16, S.29,T.20N.,R.53E. M.D.B.&M. APN# 07-380-28. Includes 1 Fleetwood mobilehome, 70'x40', 1980, #IDFL1E28042263.

ON THIS 11TH DAY OF FEBRUARY BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED LUPE CHAVEZ KNOWN TO ME TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, QUITCLAIM DEED, WHO ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FREELY AND VOLUNTARILY AND FOR THE USES AND PURPOSES THEREIN MENTIONED;

NOTARY PUBLIC NAME Lupe Chavez



Lupe Chavez

ADDRESS:

P.O.Box 460
Eureka, NV 89316

STATE OF NEVADA)
)
COUNTY OF EUREKA)

BOOK 376 PAGE 372
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Rasmussen Trust
2004 MAR 15 PM 2:24

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 185979
FEES 14.00

185979

185979

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STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 07-380-28
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 185979
Book: 376 Page: 372
Date of Recording: 3-15-04
Notes: _____

2. Type of Property:

- | | |
|--|--|
| a) <input 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 checked="" 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: \$

\$ 36,061.28
\$
\$ 36,061.28
\$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, 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, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Rasmussen Trust, Carl Rasmussen Capacity Trustee
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: LUPE CHAVEZ
Address: PO Box 460
City: EUREKA
State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Carl Rasmussen Trustee
Address: Box 112
City: Eureka NV
State: _____ Zip: 89316

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)