

Correction
QUIT CLAIM DEED

APN: _____

BOOK 378 PAGE 292
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Maritza Arce
2004 APR 19 PM 2:02

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

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: *Maritza McConnell* ^{Guardian of} *John David McConnell*
Address: *360 N. First St. #47*
City/State/Zip: *El Cajon, CA. 92021*

186617

THIS INDENTURE WITNESS That the GRANTOR(S): *Maritza McConnell*

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): *Maritza Arce*

whose address

is (if applicable): *360 N. First St #47*, situate
in the City of *El Cajon*, County of *San Diego*, State of *CA.*

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

(Set forth legal description) *lots 1-5, 31N R 48E, TOWNSHIP OF
BEOWAWE, PARCEL #0350302*

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 *3/14/04*.

[Signature]
Signature of Grantor

Signature of Grantor

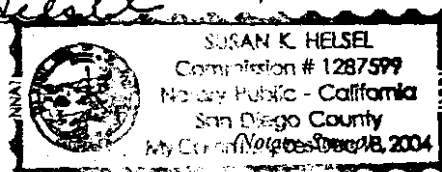
STATE OF ~~NEVADA~~ *CA.*)
COUNTY OF ~~EUREKA~~ *SAN DIEGO*)

This instrument was acknowledged before me on (date) *April 16, 2004*

By (person(s) appearing before notary public) *Susan K Helzel*

Notary Public

My Commission expires: *December 18, 2004*



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STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	186617
Book:	378
Page:	292
Date of Recording:	4-19-04
Notes:	

1. Assessor Parcel Number (s)

- a) 0350302
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" 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'Vind'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: \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
- b. Explain Reason for Exemption: Correcting name of buyer.

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 [Handwritten Signature] Capacity Buyer

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: <u>Maritza McConnell</u>	Print Name: <u>Maritza Arce</u>
Address: <u>360 N. First St #47</u>	Address: <u>360 N. First St. #47</u>
City: <u>El Cajon</u>	City: <u>El Cajon, CA</u>
State: <u>CA</u> Zip: <u>92021</u>	State: <u>CA</u> Zip: <u>92021</u>

COMPANY/PERSON REQUESTING RECORDING
(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____