

# Quitclaim Deed

BOOK 389 PAGE 278-279  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Richard K Forsyth*  
2004 AUG -5 PM 1:29

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 15.00  
190766, 20.04

THIS QUITCLAIM DEED, executed this 22 day of JUNE  
by first party, Grantor, RICHARD K. FORSYTH  
whose post office address is RT 3 BOX 1633 -CHANDLER, OK 74834  
to second party, Grantee, VERNON E FORSYTH and CAROLYN FORSYTH, Husband & WIFE  
whose post office address is RT 3 BOX 1633 CHANDLER, OK 74834

WITNESSETH, That the said first party, for good consideration and for the sum of 0  
Dollars (\$ 0 )

paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of EUREKA, State of NEVADA to wit:

TOWNSHIP 29 NORTH, RANGE 49, SECTION 31: LOTS 384 (W $\frac{1}{2}$ SW $\frac{1}{4}$ )  
EAST

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness: Pamela Simmons

Print name of Witness: Pamela Simmons

Signature of Witness: Cecil Anderson

Print name of Witness: Cecil Anderson

Signature of First Party: Richard Forsyth

Print name of First Party: RICHARD K. FORSYTH

Signature of Second Party: \_\_\_\_\_

Print name of Second Party: \_\_\_\_\_

Signature of Preparer: Carolyn Forsyth

Print Name of Preparer CAROLYN FORSYTH

Address of Preparer Rt 3 Box 1633-CHANDLER, OK 74834

State of Oklahoma  
County of Lincoln }

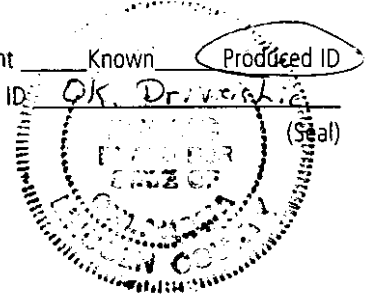
On June 24th 2004 before me, Lois A. Gilbert  
appeared Richard K Forsyth and Carolyn Forsyth

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Lois A Gilbert  
Signature of Notary 4-2-05 #01004186

Affiant Known Produced ID  
Type of ID: OK, Driver's License



**190766**

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**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a) 005-700-07  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

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      |
| Other _____  |  |

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	<u>190766</u>
Book <u>389</u>	Page: <u>278-279</u>
Date of Recording:	<u>8-5-04</u>
Notes:	

3. Total Value/Sales Price of Property \$ N/A  
 Deed in Lieu of Foreclosure Only (value of property) ( N/A )  
 Transfer Tax Value: \$ N/A  
 Real Property Transfer Tax Due \$ N/A

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section 9  
 b. Explain Reason for Exemption: SON TO PARENTS

5. Partial Interest: Percentage being transferred: 25 %

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 [Signature] Capacity SELLER  
 Signature [Signature] Capacity GRANTEE

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: RICHARD K. FORSYTH  
 Address: RT 3 BOX 1633  
 City: CHANDLER O  
 State: OK Zip: 74834

Print Name: VERNONE & CAROLYN FORSYTH  
 Address: RT 3 BOX 1633  
 City: CHANDLER  
 State: OK Zip: 74834

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**

Print Name: MONTEZUMA MINES INC Escrow # \_\_\_\_\_  
 Address: 559 W. SILVER ST #301  
 City: ELKO State: NV Zip: 89801