

QUIT CLAIM DEED

APN: 005-460-06

BOOK 399 PAGE 120  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Charles D Simons  
2004 NOV -2 PM 4:36

EUREKA COUNTY, NEVADA  
M.M. REBALEATI, RECORDER  
FILE NO. 193594 FEES 14.00

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
Name: Charles D. Simons  
Address: LOUIS MOTEL P.O. BOX 86 RM 19  
City/State/Zip: ELKO NEVADA 89803

THIS INDENTURE WITNESS That the GRANTOR(S): Brad K Bartholomew  
Chasier Check for and in consideration of  
Deed Dollars (\$8,300) 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): Charles Simons  
whose address  
is (if applicable): LOUIS MOTEL P.O. BOX 86 RM 19, situate  
in the City of ELKO, County of ELKO, State of NV 89803-0086  
All that certain property in the County of Eureka, State of Nevada bounded and described as follows:  
(Set forth legal description) Parcel 005-460-06  
Legal description 25 29 N 48 E  
description SW4 NE4

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 10-15-04

Brad Bartholomew  
Signature of Grantor

Charles Simons  
Signature of Grantor

STATE OF ~~NEVADA~~ PA  
COUNTY OF ~~EUREKA~~ Northampton

This instrument was acknowledged before me on (date) Oct 15, 2004  
By (person(s) appearing before notary public) Brad K Bartholomew

Heather Bogar  
Notary Public  
My Commission expires: 8-20-08

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Heather Bogar, Notary Public  
City Of Allentown, Lehigh County  
My Commission Expires Aug 28, 2008  
Member, Pennsylvania Association Of Notaries

**STATE OF NEVADA  
DECLARATION OF VALUE**

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	193524
Book:	399
Page:	120
Date of Recording:	November 2, 04
Notes:	

**1. Assessor Parcel Number (s)**

- a) 005-460-06
- 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     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

**3. Total Value/Sales Price of Property:**

Deed in Lieu of Foreclosure Only (value of property) \$ 8,300<sup>00</sup>

Transfer Tax Value: \$ \_\_\_\_\_

Real Property Transfer Tax Due: \$ 33.15

**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 Charles D. Simons Capacity Buyer

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
Print Name: Brad Bartholomew  
Address: 915 Island Park Rd.  
City: EASTON PA 18042  
State: PA Zip: 18042

(REQUIRED)  
Print Name: Charles D. Simons  
Address: Louis Motte P.O. Box 86 Rm 19  
City: \_\_\_\_\_  
State: NV Zip: 89803-0086

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_