

QUIT CLAIM DEED

APN: 005-460-06

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

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

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

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 SW 4 NE 4

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

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STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 005-460-06
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 193524
Book: 399 Page: 120
Date of Recording: November 2, 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: \$

\$ 8,300.00

\$

\$

\$ 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 MOTK 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: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)