

QUIT CLAIM DEED

APN: 005-420-25

BOOK 399 PAGE 370
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Dennis G Zabriskie
2004 NOV 17 AM 11:07

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

193788

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Dennis G. & Jody Zabriskie
Address: P.O. Box 244
City/State/Zip: Thornton, CA 95686

THIS INDENTURE WITNESS That the GRANTOR(S): Dennis G. Zabriskie

for and in consideration of

Ten and no/100----- Dollars (\$ 10.00) 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): Dennis G Zabriskie and

Jody Zabriskie husband & wife as Joint Tenants whose address

is (if applicable): P.O. Box 244, situate

in the City of Thornton, County of _____, State of California.

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

(Set forth legal description)

TOWNSHIP 29 NORTH RANGE 48 EAST MDB&M
NW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 1

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 11/17/2004

Dennis G Zabriskie
Signature of Grantor

Signature of Grantor

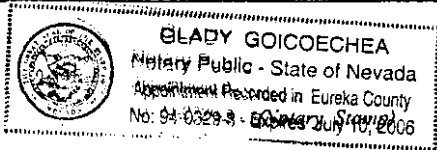
STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) November 17, 2004

By (person(s) appearing before notary public) Dennis G. Zabriskie

Glady Goicoechea
Notary Public
My Commission expires: July 10, 2006



193788

BOOK 399 PAGE 370

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>193788</u>
Book:	<u>399</u> Page: <u>370</u>
Date of Recording:	<u>11-17-04</u>
Notes:	

1. Assessor Parcel Number (s)

- a) 005-420-25
 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) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 0

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: #5
 b. Explain Reason for Exemption: TRANSFER TITLE BETWEEN SPOUSES

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 [Signature] Capacity GRANTEE
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: DENNIS G. ZABRISKIE
 Address: PO Box 244
 City: TARDON
 State: CA Zip: 95686

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)