

QUIT CLAIM DEED

APN: 2-057-01

BOOK 412 PAGE 137  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Shirley L. Jones  
2005 MAY -2 PM 1:57

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

198055

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
Name: DONALD G. JONES  
Address: 3830 Ravine Lane SE  
City/State/Zip: Olympia, WA 98513

THIS INDENTURE WITNESS That the GRANTOR(S): \_\_\_\_\_

Shirley L. Jones for and in consideration of  
\_\_\_\_\_ 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): DONALD G. JONES, 3830 Ravine Lane SE, Olympia, WA 98513 AND DALE A. JONES whose address is (if applicable): 7929 48th Ave. SE, Olympia, WA 98503-4607, situate in the City of Olympia, County of \_\_\_\_\_, State of WA.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:  
(Set forth legal description) Crescent Valley Ranch + Farms Unit 1, Block 32, Lot 3

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 \_\_\_\_\_

Shirley L. Jones  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

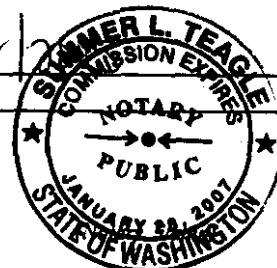
STATE OF NEVADA )  
Washington )  
COUNTY OF EUREKA )

This Instrument was acknowledged before me on (date) 4/28/07

By (person(s) appearing before notary public) Shirley L. Jones

Summer L. Teagle  
Notary Public

My Commission expires: 11/28/2007



# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	198055
Book:	412 Page: 137
Date of Recording:	9-2-05
Notes:	

1. Assessor Parcel Number (s)  
 a) 2-057-01  
 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: 9  
 b. Explain Reason for Exemption:  
TRANSFER FROM MOTHER TO SONS

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 Shirley L. Jones Capacity SELLER  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

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

Print Name: SHIRLEY L. JONES  
 Address: 6119 COMSTOCK DR.  
 City: PASCO  
 State: WA Zip: 99301-4865

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_