QUIT CLAIM DEED

APN: 2-057-01

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 appeurtenances 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
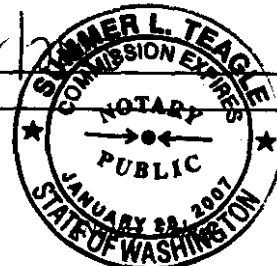

STATE OF ~~NEVADA~~)
Washington)
COUNTY OF ~~EUREKA~~)
Franklin)
   This Instrument was acknowledged before me on *(date)* 4/28/2
By: *(person(s) appearing before notary public)* Shirley L. Jones

_____
Notary Public
My Commission expires: 01/28/2007

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)
a) 2-057-01
b)
c)
d)

2. Type of Property:

a) ☒	Vacant Land	b) ☐	Single Fam Res.	
c) ☐	Condo/Twnhse	d) ☐	2-4 Plex	
e) ☐	Apt. Bldg.	f) ☐	Comm'l/Ind'l	
g) ☐	Agricultural	h) ☐	Mobile Home	
i) ☐	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)

Print Name: Shirley L. Jones
Address: 6119 Comiskey Dr.
City: Pasco
State: WA Zip: 99301-7865

BUYER (GRANTEE) INFORMATION
(REQUIRED)

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

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)