

QUIT CLAIM DEED

APN: 005-690-14

BOOK 417 PAGE 212  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Wm Kirkpatrick  
2005 JUL 11 PM 3:46

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

**199953**

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
MAILING ADDRESS  
Name: William & Peggy Kirkpatrick  
Address: POB 21126  
City/State/Zip: CRESCENT VALLEY, NV 89821

THIS INDENTURE WITNESS That the GRANTOR(s): Gail Loghry

\_\_\_\_\_ for and in consideration of  
One Thousand Dollars (\$1,000.00) 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): William and Peggy Kirkpatrick, Husband  
and Wife as joint tenants with rights of survivorship whose address  
is (if applicable): 4009 Eureka Avenue, situate  
in the City of Crescent Valley, County of Eureka, State of Nevada.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:  
(Set forth legal description)

T 30N, R 50E, Sec. 5, NE4SE4

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 7/09/05

Gail M. Loghry  
Signature of Grantor

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

STATE OF NEVADA Colorado  
COUNTY OF EUREKA El Paso

This instrument was acknowledged before me on (date) 9 JULY 2005  
By: (person(s) appearing before notary public) GAIL LOGHRY

[Signature]  
Notary Public  
My Commission expires: 2/4/2007 **199953**

(Notary Stamp)

# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>199953</u>
Book:	<u>417</u> Page: <u>212</u>
Date of Recording:	<u>7-11-05</u>
Notes:	_____

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

- a) 005-690-14
- 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) \$ 1000<sup>00</sup>

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

Real Property Transfer Tax Due: \$ 3.90

**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 [Signature] Capacity BUYER

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

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Wm G Kirkpatrick

Address: P.O. 21126

City: CRESCENT VALLEY

State: NV Zip: 89821

**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)