

# 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. 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, NE 4 SE 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 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

## 1. Assessor Parcel Number (s)

- a) 005-690-14  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 199953  
Book: 417 Page: 212  
Date of Recording: 7-11-05  
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) \$ 1000.00  
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 \_\_\_\_\_ 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.B. 211126  
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)