

QUIT CLAIM DEED

002-051-01, 002-056-02,  
003-014-04, 003-034-03,  
APN: 003-034-06, 003-084-01

BOOK 417 PAGE 213  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
William Kirkpatrick  
2005 JUL 11 PM 3:47

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

199954

MAILING ADDRESS

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: William & Peggy Kirkpatrick  
Address: P.O. BOX 211126  
City/State/Zip: CRESCENT VALLEY NV 89821

THIS INDENTURE WITNESS That the GRANTOR(S): William G Kirkpatrick

\_\_\_\_\_ for and in consideration of

Ten 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): William and Peggy Kirkpatrick, Husband

and Wife as joint tenants with rights of survivorship whose address

is (if applicable): 4009 Eureka Ave, 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) All Block 29, Crescent Valley Ranch & Farms Unit #1 ;  
Lot 5, Block 39, Crescent Valley Ranch & Farms Unit #1 ; Lot 1, Block 6, Crescent  
Valley Ranch & Farms Unit #3 ; Lot 2, Block 14, Crescent Valley Ranch &  
Farms Unit #3 ; Lot 7, Block 14, Crescent Valley Ranch & Farms  
Unit #3 ; Lot 1, Block 4, Crescent Valley Ranch & Farms Unit # 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 July 11, 2005

Signature of Grantor

Signature of Grantor

STATE OF NEVADA )

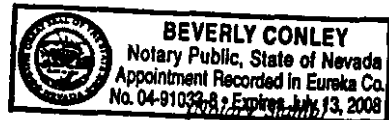
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) July 11, 2005

By: (person(s) appearing before notary public) William Kirkpatrick

Beverly Conley  
Notary Public

My Commission expires: 7/13/08



199954

# STATE OF NEVADA DECLARATION OF VALUE

| FOR RECORDERS OPTIONAL USE ONLY |                             |
|---------------------------------|-----------------------------|
| Document/Instrument#:           | <u>199954</u>               |
| Book:                           | <u>417</u> Page: <u>213</u> |
| Date of Recording:              | <u>7-11-05</u>              |
| Notes:                          |                             |

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

- a) 002-051-01
- b) 002-056-02      003-034-06
- c) 003-014-04      003-084-01
- d) 003-034-03

**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'Vind'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: \$ \_\_\_\_\_

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: #5
- b. Explain Reason for Exemption: Transfer 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 Peggy Kirkpatrick Capacity Buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

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

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: William & Peggy Kirkpatrick  
 Address: P.O. Box 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)