QUIT CLAIM DEED

APN: 07-39#-18	2005 AUG -8 PM 3: 04
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	EUREKA COUNTY, NEVADA M.N. REBALEATI, RECORDER
Name: BONNIE A. ASCHE Address: POBOX 601 City/State/Zip: EUREKA NV 88316	200252
THIS INDENTURE WITNESS That the GRANTOR(S): ASCHE Dollars (S right, title and interest, if any, which GRANTOR(S) may have in	for and in consideration of) do hereby QUIT CLAIM the
which is hereby acknowledged, to the GRANTEE(S): Bobbs POBOX CO/	
is (if applicable):, County of, County of	A State of MI
All that certain property in the County of Eureka, State of Nevada (Set forth legal description) PARCEL A OF LOT ON THAT CERTAIN PARCEL MAP FOR JO ACHE AS PER MAP FILE # 126194 FILE RECORDS OF EURES COUNTY, NEVADA Together with all and singular hereditament and appeurtenances	A BOUNDED AND AS SHOWN AN A. F JOSEPHINE L. B IN THE OFFICIAL
appertaining to. In Witness Whereof, I/We have hereunto set my Signature of Grantor Signature of Grantor	ie A Asche
STATE OF NEVADA) COUNTY OF EUREKA) This instrument was acknowledged before me on (date) By (person(s) appearing before notary public) The property of the	8/8/05 e a Bonnie Asche
Notary Public My Commission expires: 7/13/2008 200252	BEVERLY CONLEY Notary Public, State of Nevada Appointment Recorded in Eureka Co. No. 04-91033-8 • Expires July 13, 2008

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)	•	Document/Instrument#:	200252
1. Assessor Parcer (4)		Book: 4L8	Page: 285
' -	•	Date of Recording:	8-8-05
· b)	•	Notes:	0-2-03
d)	•	Notes.	
<u> </u>	•		
2. Type of Property: a) Vacant Land c) Condo/Twnhse e) Apt. Bldg. g) Agricultural l) Other	b) Single Fam Re d) 2-4 Plex f) Comm'Vind'i h) Mobile Home	s.	
3. Total Value/Sales Price of	Property:	\$	
Deed in Lieu of Foreclosure C	only (value of property)	\$	
Transfer Tax Value:		\$	
Real Property Transfer Tax Du	ie:	5	
4. If Exemption Claimed: a. Transfer Tax Exemption, p b. Explain Reason for Exemp \$\int Pous \overline{D} = 0 \$\$	tion: ψ))	
5. Partial Interest: Percentage	heing transferred:	/%	
The undersigned declares and act and NRS 375.110, that the information belief, and can be supported by deprovided herein. Furthermore, the of additional tax due, may result in the Pursuant to NRS 375.030, the Endditional amount owed. Signature	nation provided is correct ocumentation if called up e disallowance of any cla in a penalty of 10% of the	to the best of their con to substantiate alimed exemption, or tax due plus interest pointly and sever Capacity.	information and the information other determination st at 1% per month. Tally liable for any
Signature Monne A H	skile)	Capacity_ <i>_</i>	Buyer
SELLER (GRANTOR) INFO	RMATION BUY	(ER (GRANTEE)	INFORMATION
Print Name: JOHN AL	ALCHE Print!	. ,,	e Asche_
Address: Po Ack	Addre		Boy bcl
City: FUREKY	City:	Fure	
State: N// Zip:	20 2/6 State:		Zip: 843/6
14.14	TILE TIME		-r. <u>010/6</u>
COMPANY/PERSON REQU		<u>iG</u>	
Print Name:	m. A	Escrow#	
Address:		E3CIOW#	·
	Chain		2
City:	State:	Z	ip:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)