

BOOK 418 PAGE 332-334
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
John Spitzer
2005 AUG -8 PM 4:29

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 200259
FEES \$40⁰⁰

APN# 05-650-30

Recording Requested by: AND MAIL TAX STATEMENTS TO:

Name JOHN SPITZER

Address 4927 Mitchell Ave.

City/State/Zip Riverside, CA 92505

QUITCLAIM DEED
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed or printed.

BOOK 4 | 8 PAGE 332

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.
Signed, sealed and delivered in presence of:

Signature of Witness: _____

Print name of Witness: _____

Signature of Witness: _____

Print name of Witness: _____

Signature of First Party: X Arnold Spitzer

Print name of First Party: ARNOLD SPITZER

Signature of Second Party: X John Spitzer

Print name of Second Party: JOHN SPITZER

Signature of Preparer John Spitzer

Print Name of Preparer JOHN SPITZER

Address of Preparer 4927 MITCHELL AVE RIVERSIDE, CA 92505

State of CALIFORNIA
County of LOS ANGELES }

On AUG. 1, 2005 before me, ROBERT R SHANK
appeared ARNOLD SPITZER AND JOHN SPITZER

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

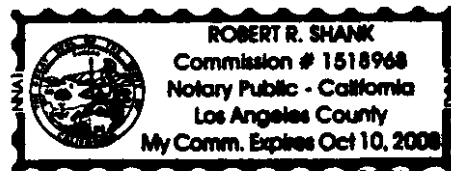
WITNESS my hand and official seal.
Robert R Shank

Signature of Notary

Affiant _____ Known Produced ID
Type of ID CA ID

(Seal)

200259



STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>200259</u>
Book:	<u>418</u> Page: <u>332-334</u>
Date of Recording:	<u>8-8-05</u>
Notes:	

1. Assessor Parcel Number (s)
 a) 005-650-30
 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 Ptex |
| 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: \$ GIFT 0
 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: Father To Son

5. Partial Interest: Percentage being transferred: 100 %

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: Grantor
 Signature: [Signature] Capacity: Grantee

SELLER (GRANTOR) INFORMATION
 (REQUIRED)

BUYER (GRANTEE) INFORMATION
 (REQUIRED)

Print Name: ARNOLD SPITZER
 Address: 16709 Halleale Ave Apt. A
 City: Goenoa
 State: Ca. Zip: 90247-5421

Print Name: John Spitzer
 Address: 4927 Mitchell Ave.
 City: RIVERSIDE
 State: Ca. Zip: 92505

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)