BOOK 4/8 PAGE 332-334
OFFICIAL RECORDS
RECORDED AT THE PRICESLOF.

2005 AUG -8 PM 4: 29

EUREKA COUNTY, MEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 245

200259

Recording Requested by: AND MAIL TAX STATEMENTS TO:

Name John Spitzer

City/State/Zip Riverside, CA 92505

Address 4927 Mitchell Ave.

QUITCLAIM DEED
(Title of Document)

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

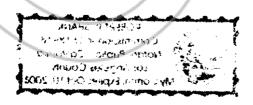
This cover page must be typed or printed.

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Quitclaim Deed

\ \
THIS QUITCLAIM DEED, executed this 15th day of AUGUS 7 2005,
by first party, Grantor, Arnold, Spitzer
whose post office address is 1670 9 HALLBALE AVE APT A GARDENA CA 90347-542
to second party Grantee LICANI SOLTZER
whose post office address is 4927 MITCHELL AVE RIVERSIDE, CA 92505
WITNESSETH, That the said first party, for good consideration and for the sum of
Dollars (\$)
paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the
parcel of land, and improvements and appurtenances thereto in the County of
State of NEVAOA to wit:
Assessor's PArcel # 005-650-30
ASSESSORS PARCEL
CLOTING TOOM RELECTED IN WY

Roll Number 003853 DISTRICT 4.0



20000

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IN WITNESS WHEREOF, The said first party has signed and sealed the Signed, sealed and delivered in presence of:	nese presents the day and year first above written.
Signature of Witness:	· · · · · · · · · · · · · · · · · · ·
Print name of Witness:	
Signature of Witness:	
Print name of Witness:	
Signature of First Party: X D WOW Signature	
Print name of First Party: AHNOLD SPITZ	ER
Signature of Second Party: X John Spil	307
Print name of Second Party: John Spitz E	R
	3 km la praemi
Signature of Preparer	itzer /
Print Name of Preparer John Spit	zer
Address of Preparer 4927 miTch &	PLL AVE RIVERSIDE, CA
Address of Frebalet	=== (1,0)
State of CHIZFORNET	
County of LOS ANGELES	
On AUG. 1, 2085 before me, ROBERT	
personally known to me (or proved to me on the basis of satisfactory of	
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) acted, executed the instrument.	ne person(s), or the entity upon behalf of which the
WITNESS my hand and official seal.	•
Robert R Short	
Signature of Notary	_
/ /	Affiant Known Produced ID Type of ID CA TO
\ /· /	Type of ID <u>CAID</u> (Seal)
	(Seal)
	ROBERT R. SHANK Commission # 1518968
200259	Notary Public - California
Page 2	Los Angeles County My Comm. Expires Oct 10, 2008
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31ALE UP NEVAUA

DECLARATION OF VALUE

			•	FOR RECORDERS	~ ~ ~	0259	1
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DO5-6	50-30			Sook: 40 Y	_ Page	350 3C	·/-
b)				Notes:		4.90	
<u>e)</u>				(total		7	
d)							
2. Type of Pro	perty:					$T \setminus I$	
*) (조)	Vacant Land	b) 🗀	Single Fam Re	15.		\ \	
ب ب	Condo/Twnhse Apt. Bidg.	308 000	2-4 Plex Comm\/ind1			\ . \	
e) (Agricultural	<i>k</i>) = =	Mobile Home			\ \	
1	Other				No.	/ /	
-				. G	0		\
3. Total Valu				S GiFT	<u></u>		
	u of Foreclosus	e Only (value	of property)	\$.			<u> </u>
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Real Proper	ty Transfer Tax	(Due:		5			<u> </u>
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4. If Exemption	on Claimed:		/ /	_	\		1
a. Transfe	er Tax Exemption	n, per NRS 37:	0.090, Section:	2	_	- <u></u> .	
, b. Explair	Reason for Exc	subdou:	FATHER	To Son_			
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C Clarical India	rest Percent	ane heina ta	ensferred:	100	%		
5. Patual line	1625 1 61000	eão noma e.	A. 10.01.	 	7		
The undersion	ed declares an	d acknowledo:	es under pen	alty of perjury, p	ursuant to	NRS 375,060	;
THE UNCERSION	eu ueciai es ani	ormation nrow	ided is correc	t to the best of t	neir inform	ation and	
and NRS 3/3.	CTO, gracino en	orriacon prov	tion if called t	pon to substant	ale the int	omation	
belief, and can	be supported	by occumenta	nom m censeu u	por la suveler la	o orothe	rdetermination	,
provided nerel	n. Furriemore	the disallow	ance of any G	aimed exemptio	terset at 1	% nec month	•
of additional ta	ix due, may res	uit in a penait	y 01 10% Of til	e tax due plus ir	Keicar ar	se per moner.	
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additional am	/ ///	Saler (al	/h.h.	_ <u>_</u>	V		
Signature	(1)	most,	1//11/5		y Gr		
Signature	John	Soitse	1	Capacit	y_Gre	rules	
-					•		
SELLER (G	RANTOR) IN	FORMÁTIC	N BU	YER (GRANT	EEI INF	ORMATION	
	REQUIREO)			(REQUIRED			
Print Name:	Arnow	SPITZE	o Print	Name: Jol	in Soi	1700	
	ATROCA	lingle Ave			7 M. t.	hall Ave.	
Address:	100	II WATE WINE	City:				
City:	Goenene		and the same of th		erside	7	
State:	<u>Ca.</u> Zi	p: <u>90247</u> -	5426 State	: <u>('a</u>	· Zip:	92505	
	PERSON RE		RECORD	<u>NG</u>			
	OT THE SELLER O						
Print Name:				Escr	ow <u>#</u>		
Address:							
City;		/	State:		Zip:		

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)