

QUIT CLAIM DEED

APN: 007-050-22

BOOK 49 PAGE 283  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Larry & Miller  
2005 AUG 17 AM 8:53

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

200472

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
Name: Sharon Bardin  
Address: PO Box 16125  
City/State/Zip: Portal, AZ 85632

THIS INDENTURE WITNESS That the GRANTOR(S): Larry L. Miller for and in consideration of Zero Dollars (\$0.00) 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): Sharon W. Bardin whose address is (if applicable): PO Box 16125, situate in the City of Portal, County of Chochise, State of Arizona.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows: (Set forth legal description) <sup>(one)</sup> The W<sup>1</sup>/<sub>2</sub> of Government lot 1, Section 7 Township 23 N., Range 52 E., containing 37.73 acres, more or less. Subject to covenants, conditions, reservations, restrictions, easements and right-of-ways of record

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 8/17/05.

[Signature] Signature of Grantor  
[Signature] Signature of Grantor

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) August 17, 2005  
By (person(s) appearing before notary public) Larry Miller

Beverly Conley  
Notary Public  
My Commission expires: 7/13/08  
200472



# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>200472</u>
Book:	<u>419</u> Page: <u>283</u>
Date of Recording:	<u>8-17-05</u>
Notes:	

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

- a) 007-050-22
- 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 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) \$ 4100  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 17.55

**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 L. Miller Capacity SELLER  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: LARRY L. MILLER  
 Address: P.O. BOX 16125  
 City: PORTAL  
 State: AZ Zip: 85632

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: SHARON BADDIN  
 Address: PO. BOX 16125  
 City: PORTAL  
 State: AZ Zip: 85632

**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)