

QUIT CLAIM DEED

APN: 07-394-03

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Sharon Hull
2005 SEP 13 PM 1:49

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

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: William & Sharon Hull
Address: P. O. Box 122
City/State/Zip: Eureka, NV 89316

201079

THIS INDENTURE WITNESS That the GRANTOR(S): Hull Hay Company, Inc.

_____ 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 & Sharon Hull

as Joint Tenants whose address

is (if applicable): 333 E1 Centro, situate

in the City of Eureka, 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) Lot 2 as shown on that certain Parcel Map for Earl Rasmussen filed in the office of the County Recorder of Eureka County, State of Nevada, on October 8, 1981, as File No. 82267, being a portion of Parcel "D" of the Large Division Map of the Large Division Map of the E, Section 17, Township 20 North, Range 53 East, M.D.B&M. Containing 8.66 +- acres

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 9-13-2005

SHARON HULL CO, INC.
Sharon Hull, owner
Signature of Grantor

Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) September 13, 2005

By (person(s) appearing before notary public) Sharon Hull

Glady Goicoechea
Notary Public

My Commission expires: July 10, 2006

GLADY GOICOCHEA
Notary Public - State of Nevada
Appointment Filed in Eureka County
No. 04-031 (Notary - Sigma) 10, 2003

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**STATE OF NEVADA
DECLARATION OF VALUE**

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>201079</u>
Book:	<u>123</u> Page: <u>173</u>
Date of Recording:	<u>9-13-05</u>
Notes:	

1. Assessor Parcel Number (s)

- a) 007-39403
 b) _____
 c) _____
 d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input 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/Indl |
| g) <input type="checkbox"/> | Agricultural | h) <input checked="" 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: 9
 b. Explain Reason for Exemption: Wholly owned business to individual owner

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 _____ Capacity _____
 Signature Sharon Hull Capacity Buyer

<u>SELLER (GRANTOR) INFORMATION</u>	<u>BUYER (GRANTEE) INFORMATION</u>
(REQUIRED)	(REQUIRED)
Print Name: <u>SHARON HULL</u>	Print Name: <u>SHARON HULL</u>
Address: _____	Address: <u>Box 132</u>
City: _____	City: <u>EUREKA</u>
State: _____ Zip: _____	State: <u>NV</u> Zip: <u>89316</u>

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____