

APN: 05-110-02

Recording requested by and mail documents and
tax statements to:

Name: Louis & Jacqueline Izquierdo

Address: 780 Helena Ave

City/State/Zip: Reno, NV 89512

DED104

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BOOK 423 PAGE 244-245
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Louis & Jacqueline Izquierdo
2005 SEP 16 PM 3:09

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 15.00

201099

RPTT: _____

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S) Ruble Foster Phillips

for and in consideration of Fourteen Hundred Dollars Dollars (\$1400.00)

do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all that real
property, the receipt of which is hereby acknowledged, to the GRANTEE(S):

Louis A Izquierdo and wife Jacqueline A Izquierdo

all that real property situated in the City of _____

County of Eureka, State of Nevada

bounded and described as follows: (Set forth legal description and commonly known address)

TOWNSHIP 31 NORTH, RANGE 49 EAST, MDB&M

Section 25: E $\frac{1}{2}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU
WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER
RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

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 1st day of September, 2005.

Ruble Foster Phillips
Signature of Grantor

Signature of Grantor

Ruble Foster Phillips
Print or Type Name Here

Print or Type Name Here

STATE OF Nevada)
COUNTY OF WASHOE)

On this 1st day of SEPTEMBER, 20 05, personally appeared
before me, a Notary Public Ruble Foster Phillips
~~personally known to me to be the person(s)~~ whose name(s) is subscribed to the above instrument
who acknowledged that (he) executed this instrument. Witness my hand and official seal.

[Signature]

Notary Public



C.B. PAGUIO
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 02-78070-2 - Expires August 7, 2008

My commission expires: Aug. 7, 2006

Consult an attorney if you doubt this form's fitness for your purpose.

201099

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) T31N, R49E, MDBYM
b) Section 25: E 1/2 NW 1/4 NW 1/4
c) NW 1/4
d) PARCEL NUMBER 005-110-02

2. Type of Property:

- a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
Other _____

FOR RECORDER'S OPTIONAL USE ONLY

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Notes: 201099

3. Total Value/Sales Price of Property

\$ 1,400.00

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: _____

\$

Real Property Transfer Tax Due

\$

5.85

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 parties agree that 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 Rubie F. Phillips Capacity Seller

Signature Louis A. Izquierdo Capacity Buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Rubie Foster Phillips
Address: 975 PRATER Way #314
City: SPARKS
State: NEVADA Zip: 89431

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Louis & Tanqueline Izquierdo
Address: 1780 Helena Ave.
City: RENO
State: NV Zip: 89512

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED