

# QUIT CLAIM DEED

APN: 7-380-70

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Edna Louise Clark  
Address: P.O. Box 873  
City/State/Zip: EUREKA, NV 89316

BOOK 425 PAGE 170  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Edna Louise Clark  
2005 OCT 24 AM 9:45

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. 201335  
FEES 14.00

THIS INDENTURE WITNESS That the GRANTOR(S): Edna Louise Clark

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): Hazel Lavonne Orland  
Wallace <sup>Miller</sup> Clark whose address  
is (if applicable): P.O. Box 1087, 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 1 of Parcel 225 shown on that certain Parcel  
Map for Ernest W. Taylor and Donna A. Taylor,  
filed in the office of the County Recorder of Eureka County, State  
of Nevada, on December 1, 1989, 25 file No. 130799, being a portion  
of Lot 9, Section 29, Township 29 North, Range 53 East, M.D.B. & M.,  
excepting therefrom all the oil and gas in said land as reserved  
in patent from the United States of America, recorded March 21, 1966,  
in Book 10, page 205, of Official Records, Eureka County,  
Nevada.  
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 \_\_\_\_\_.

Edna Louise Clark  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

STATE OF NEVADA )

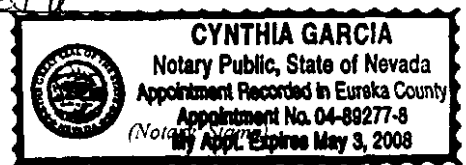
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) 10-24-05

By (person(s) appearing before notary public) E. Louise Clark

\_\_\_\_\_  
Notary Public

My Commission expires: 5-3-08



# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 01-076-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 201335  
Book: 425 Page: 170  
Date of Recording: 10-24-05  
Notes: \_\_\_\_\_

## 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'l/Ind'l    |
| 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:

\$ 24,500  
\$ \_\_\_\_\_  
\$ 20,000  
\$ \_\_\_\_\_

## 4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 4

b. Explain Reason for Exemption:

in common

Transferring title between tenants

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 \_\_\_\_\_ Capacity \_\_\_\_\_

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

## BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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)