

# QUIT CLAIM DEED

APN: 7-393-09

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Louise Washburn  
2005 OCT 25 PM 1:30

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: DANIEL W. WASHBURN  
Address: P.O. Box 8  
City/State/Zip: Eureka Nev. 89316

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. 201395  
FEES 14.00

**201395**

( THIS INDENTURE WITNESS That the GRANTOR(S): \_\_\_\_\_

Louise Washburn for and in consideration of  
Ten Dollars 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): Daniel W. Washburn  
Louise Washburn as Joint Tenants whose address  
is (if applicable): 355 El 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) Parcel A of lot 2 of parcel 7. as shown on 2nd  
certain parcel map for Earl and Lavernia Rasmussen. File no 114556  
located in a portion of the E 1/2 of section 17 T 20N, R 53E,  
M.D.M.

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 \_\_\_\_\_.

Louise Washburn  
Signature of Grantor

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

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) October 25, 2005  
By (person(s) appearing before notary public) Louise Washburn

Glady Souciechea  
Notary Public

My Commission expires: 7/10/2006

GLADY SOUCIECHEA  
Notary Public - State of Nevada  
(Notary Stamp)  
My Commission Expires July 10, 2006

**201395**

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# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 7-393-09  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 201395  
Book: 425 Page: 236  
Date of Recording: 10-25-05  
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: \$ \_\_\_\_\_

## 4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 5

b. Explain Reason for Exemption: From Mother to Son

## 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 Louise Washburn Capacity Seller  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: LOUISE WASHBURN  
Address: P.O. Box 8  
City: Eureka  
State: NV Zip: 89316

### 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)