

QUIT CLAIM DEED

APN: 001-185-09

BOOK 429 PAGE 007
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Joe E. McCaffrey
2005 DEC -7 PM 3:34

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: JOHN BROWN & CHRISTINE SMITH
Address: PO BOX 283
City/State/Zip: EUREKA, NV 89316

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 202505 FEES 14.00

THIS INDENTURE WITNESS That the GRANTOR(S): JOE E. McCAFFREY
AND SYLVIA J. McCAFFREY 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): JOHN BROWN AND

CHRISTINE SMITH whose address
is (if applicable): PO BOX 283, 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 3 IN BLOCK 122, IN THE TOWN OF
EUREKA, COUNTY OF EUREKA, STATE OF NEVADA, AS THE
SAME ARE DELINEATED ON THE OFFICIAL PLAT OF EUREKA
TOWNSITE, ON FILE IN THE OFFICE OF THE EUREKA 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 _____

Joe E. McCaffrey
Signature of Grantor

Sylvia J. McCaffrey
Signature of Grantor

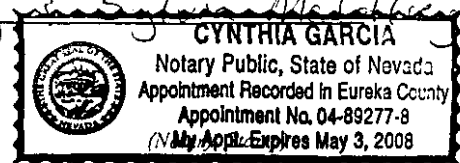
STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) 12-7-2005
By (person(s) appearing before notary public) Joe McCaffrey & Sylvia McCaffrey

Notary Public

My Commission expires: 5-3-2008



202505

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STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 001-185-09
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 202505
Book: 429 Page: 007
Date of Recording: 12-7-05
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 checked="" 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 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: \$

\$ 55,000.00

\$ 214.50

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 Christine Smith Capacity BUYER
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: CHRISTINE SMITH
Address: PO Box 283
City: EUREKA
State: NV Zip: 89316

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)