

BOOK 430 PAGE 143
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Marion W. Herring
2005 DEC 23 PM 1:27

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 202962
FEES 39.00

RECORDING REQUESTED BY:
Marion W. Herring
When Recorded Mail Document
and Tax Statement To:
1767 12 Street
Box 215
Hood River, OR 97031

Escrow No.
Title Order No.
APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

005-230-11

QUITCLAIM DEED

The undersigned grantor(s) declare(s)
Documentary transfer tax is \$ 0.00 City tax \$ 0.00
 computed on full value of property conveyed, or A Bonified Gift
 computed on full value less value of liens or encumbrances remaining at time of sale,
 Unincorporated Area City of _____

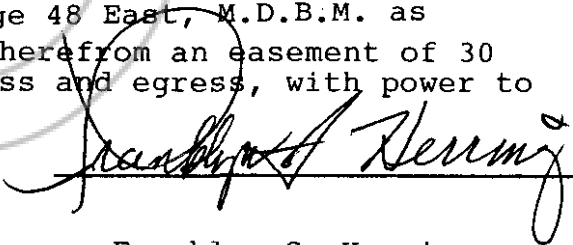
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

FRANKLYN S. HERRING a Single Man
hereby remises, releases and quitclaims to

MARION W. HERRING and KATHERINE E. HERRING husband and wife
the following described real property in the City of EUREKA, State of Nevada
County of Eureka, described as follows:

The South 1/2 of the Southeast 1/4 of the Northeast 1/4 And the
Northwest 1/4 of the Southeast 1/4 of the Northeast 1/4 of
Section 27, Township 30 North, Range 48 East, M.D.B.M. as
per Government Survey. Reserving Therefrom an easement of 30
feet along all boundaries for ingress and egress, with power to
dedicate.

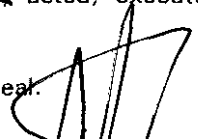
DATED: December 2, nd 2005



Franklyn S. Herring

STATE OF CALIFORNIA
COUNTY OF San Bernardino
ON DECEMBER 2nd 2005 before me,
Carlos A. Salazar, Jr. personally appeared

~~Franklyn S. HERRING~~
personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s)
whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on
the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the
instrument.

Witness my hand and official seal.




STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 005-230-11
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>202962</u>
Book:	<u>430</u> Page: <u>143</u>
Date of Recording:	<u>December 23, 2005</u>
Notes:	_____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" 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 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) \$ 4000
 Transfer Tax Value: \$ 15.60
 Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
- b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %

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 Marion W Herring Capacity Buyer
 Signature FRANKLYN S. HERRING Capacity Seller

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: FRANKLYN S. HERRING
 Address: 2692 E. HIGHLAND AVE
 City: #133 HIGHLAND, CA
 State: CA Zip: 92346-2134

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: MARION W HERRING
 Address: 1767 12th St Box 215
 City: HOOD RIVER, OR
 State: OR Zip: 97031

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)