

# QUIT CLAIM DEED

APN: 007-440-20

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
William H Norton Jr  
2006 MAR -6 PM 1:15

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 14<sup>00</sup>

**203848**

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: William H Norton Jr.  
Address: 3693 Montclair Rd  
City/State/Zip: Cameron Park, Calif 95682

THIS INDENTURE WITNESS That the GRANTOR(S): William H Norton Jr.  
Patricia A Norton, William H Norton for and in consideration of  
1.00 Dollars (\$ 1.00) 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): William H Norton Jr.  
Patricia A Norton whose address  
is (if applicable): 3693 Montclair Rd, situate  
in the City of Cameron Park, County of Sacramento, State of Calif.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description) T21 1/2 N R54 E MDB+M  
All Sec 33  
Southerly 1,952 Feet Sec. 32  
825.92 ALP

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 \_\_\_\_\_.

William H Norton  
Signature of Grantor

Patricia A Norton  
Signature of Grantor

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) May 17, 2004

By (person(s) appearing before notary public) William H. Jr., William H. Jr. and Patricia Norton

Vera Baumann  
Notary Public

My Commission expires: May 13, 2007



**203848**

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# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 07-440-20  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 203848  
Book: 432 Page: 394  
Date of Recording: 3-6-06  
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: \$ 0

## 4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 4  
b. Explain Reason for Exemption: Transfer of title between joint 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 Walter A. Norton Capacity Buyer  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Dannicia A Norton  
Address: 3693 Montclair Rd.  
City: Cameron PK  
State: CA Zip: 95682

### 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)