

# QUIT CLAIM DEED

APN: 007-391-02

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Millie Oram  
2006 APR 24 PM 3:27

EUREKA COUNTY, NEVADA  
M.N. REGALATI, RECORDER  
FILE NO. \_\_\_\_\_ FEES 14.00

**204541**

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Clyde L. Oram or Millie K. Oram  
Address: F.O. Box 591  
City/State/Zip: Eureka, Nevada 89316

THIS INDENTURE WITNESS That the GRANTOR(S): Clyde L. Oram

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): Clyde L. Oram or Millie K. Oram

Husband & Wife as Joint Tenants whose address is (if applicable): 579 4th St.

in the City of \_\_\_\_\_, 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)

Township 20 N, Range 53 MDB&M Sec. 17

Lot 2 of Parcel H Map File #81925

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 April 24, 2006

Clyde L. Oram  
Signature of Grantor

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

STATE OF NEVADA )

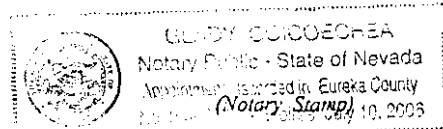
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) April 24, 2006

By (person/s) appearing before notary public: Clyde L. Oram

Sady Boicek  
Notary Public

My Commission expires: July 10, 2006



**204541**

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# DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	204541
Book:	435 Page: 147
Date of Recording:	4-24-06
Notes:	

**1. Assessor Parcel Number (s)**

- a) 007-391-02
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**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) \$ \_\_\_\_\_

Transfer Tax Value: \$ \_\_\_\_\_

Real Property Transfer Tax Due: \$ \_\_\_\_\_

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_
- b. Explain Reason for Exemption: Transfer between Spouses

**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 Clyde L. Oram by Melba Oram Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Lavernia C. Rasmussen

Address: P.O. Box 117

City: Eureka

State: NV Zip: 89316

(REQUIRED)

Print Name: Clyde L. Oram

Address: P.O. Box 591

City: Eureka

State: NV Zip: 89316

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_