

# QUIT CLAIM DEED

APN: 007-380-59

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Grant Case  
2006 NOV -2 PM 1:28

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Jerry Anderson  
Address: PO Box 87  
City/State/Zip: Eureka NV 89316

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

**206739**

THIS INDENTURE WITNESS That the GRANTOR(S): Grant F. Case  
and Kimberly S. Case 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): Jerry Anderson

whose address  
is (if applicable): PO Box 87, 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 1 of Lot 4 of parcel 2 of govt. Lot 16 map file #118063  
T 20N R 53 E Sec. 29

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 \_\_\_\_\_.

[Signature]  
Signature of Grantor

Kimberly S. Case  
Signature of Grantor

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) 11-2-06  
By (person/s) appearing before notary public) Grant Case, Kimberly Case

[Signature]  
Notary Public

My Commission expires: Oct. 6, 2009



**206739**

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# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 607-380-59  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 206739  
Book: 447 Page: 66  
Date of Recording: 11-2-06  
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'/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:

\$ 20,000  
\$ 750  
\$ \_\_\_\_\_  
\$ 3.90

## 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 [Signature] Capacity Seller  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Grant Case  
Address: PO Box 824  
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)