

# QUIT CLAIM DEED

APN: 01-134-09

**DOC # 0208184**

03/06/2007

09:45 AM

**Official Record**

Recording requested By  
JEAN WHITE

**Eureka County - NV**

**Mike Rebaleati - Recorder**

Fee **\$14.00**

Page 1 of 1

RPTT: \$117.00

Recorded By: FES

Book- 0453 Page- 0193



0208184

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: JACK ORR

Address: P.O. Box 917

City/State/Zip: EUREKA, NV. 89317

THIS INDENTURE WITNESS That the GRANTOR(S): Charles C. and Thelma  
Jean White for and in consideration of  
Thirty Thousand Dollars Dollars (\$ 30,000 ) 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): Jack and Sue Orr as Joint  
Tenants whose address  
is (if applicable): P.O. Box 917, 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)

Lots 1-3 Blk 12, Corner of Silver and Spring St  
101 East Silver Street  
72.35' X 113.00'

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 3/6/07

Charles C. White  
Signature of Grantor

Thelma Jean White  
Signature of Grantor

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) March 6, 2007  
By (person(s) appearing before notary public) Charles C. & Thelma Jean White

Gladys Goicoechea  
Notary Public

My Commission expires: July 10, 2010



STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-208184

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1. Assessor Parcel Number (s)

- a) 01-134-09  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

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Page 1 of 1 Fee: \$14.00  
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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:

\$ 30,000  
Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 117.00

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 Charles White Capacity SELLER  
Signature Jack Orr Capacity BUYER

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED) JEAN WHITE  
Print Name: CHARLES WHITE  
Address: P.O. Box 656  
City: EUREKA  
State: NV Zip: 89316

(REQUIRED) \_\_\_\_\_  
Print Name: JACK ORR  
Address: P.O. Box 917  
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)