

QUIT CLAIM DEED

DOC # 0209865

06/06/2007 04:24 PM

Official Record

Recording requested By  
CECILE JOHNSTON

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1  
RPTT: \$40.95 Recorded By: FES  
Book- 0458 Page- 0333

APN: 031-09

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Hugh & Carla Ross  
Address: P.O. Box 1635  
City/State/Zip: Round Mountain, NV 89045



THIS INDENTURE WITNESS That the GRANTOR(S): ANGELO & EMILIA Tognoni TRUST for and in consideration of 10 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): HUGH & CARLA ROSS AS JOINT TENANTS whose address is (if applicable): P.O. Box 1635, situate in the City of ROUND MOUNTAIN, County of NUVE, State of NEVADA.

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

(Set forth legal description)  
460 DOB HILL AVE.  
LOT C BLOCK PB  
TOWN OF EUREKA

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 6/6/07.

Emilia S. Tognoni By Power of Attorney (POA) Signature of Grantor  
Cecile Johnston (POA) Signature of Grantor

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) June 6, 2007  
By (person(s) appearing before notary public) Cecile Johnston (POA) For

Emilia S. Tognoni Trust  
Notary Public  
My Commission expires: July 10, 2010

GLADY GOICOECHEA  
Notary Public - State of Nevada  
Appointed & Recorded in Eureka County  
No: 94-0329-8 - Expires July 10, 2010

# STATE OF NEVADA DECLARATION OF VALUE

**DOC # DV-209865**

06/06/2007 04:24 PM

**Official Record**

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

- a) 1-031-09
- 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) \$ 10,500.00

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

Real Property Transfer Tax Due: \$ 40.95

**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 Emilia S. Toanoni Capacity Seller  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
Print Name: EMILIA S TOANONI  
Address: P.O. BOX 256  
City: EUREKA  
State: NV. Zip: 89310

(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: \_\_\_\_\_