

5-430-04
APN: 5-480-04
Recording requested by and mail documents and tax statements to:

Name: THOMAS D. SULLIVAN
Address: 219 BROOKSIDE AVE
City/State/Zip: SANTA CRUZ, CA 95060

DED104mk
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

DOC # 0210444
08/16/2007 03:06 PM
Official Record
Recording requested By
T D SULLIVAN

Eureka County - NV
Mike Rebaleati - Recorder
Fee: \$15.00 Page 1 of 2
RPTT. Recorded By: FES
Book- 0461 Page- 0178



RPTT: _____

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): HELEN U. NESS

for and in consideration of _____ Dollars (\$ NONE)

do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): THOMAS D. SULLIVAN

all that real property situated in the City of _____
County of EUREKA, State of NEVADA

bounded and described as follows: (Set forth legal description and commonly known address)

NE 1/4 NE 1/4 SW 1/4 OF SEC 11
TOWNSHIP 29 N RANGE 48 E
10 ACRES

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

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 8TH day of JANUARY

20 07 7/19/07

Robert A. Sullivan
Signature of Grantor

HELEN UNLESS
BY ROBERT A. SULLIVAN
POWER OF ATTORNEY
Signature of Grantor

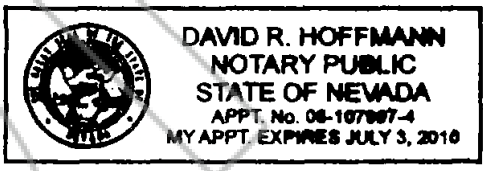
ROBERT A SULLIVAN
Print or Type Name Here

Print or Type Name Here

STATE OF Nevada
COUNTY OF Churchill
On this 19 day of July, 20 07, personally appeared
before me, a Notary Public, Robert A. Sullivan

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

[Signature]
Notary Public



My commission expires: 7/3/10
Consult an attorney if you doubt this forms fitness for your purpose.

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-210444

08/16/2007 03:06 PM

Official Record

1. Assessor Parcel Number (s)
- a) 5-430-04
 - b) _____
 - c) _____
 - d) _____

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No

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Page 1 of 1 Fee \$15.00
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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'Vind'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: #5
- b. Explain Reason for Exemption: TRANSFER FROM MOTHER TO SON

5. Partial Interest: Percentage being transferred: 100 %

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 Thomas D. Sullivan Capacity GRANTEE
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: THOMAS D. SULLIVAN
 Address: 219 BROOKSIDE AVE,
 City: SANTA CRUZ
 State: CA Zip: 95060

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)