

# QUITCLAIM DEED Correction Deed

APN: 005-420-51

Mail tax statements to and after recording mail to:  
Name: Shawn R. Godard  
Address: 37 Swallow Trail  
City/State/Zip: Fairfield, PA 17320



**THIS QUITCLAIM DEED**, Executed this 4<sup>th</sup> day of August 2007,

by first party, American Dream Lands LLC,

whose post office address is, 1712, Flagstaff, AZ 86002

to second party, Shawn R. Godard,

whose mailing address is, 37 Swallow Trail, Fairfield, PA 17320

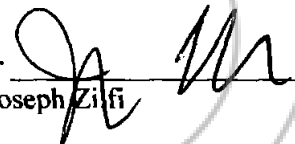
**WITNESSETH**, That the said first party, for good consideration and for the sum of \$ ten dollars (\$10.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel(s) of land, and improvements and appurtenances thereto in the **County of Eureka**, State of Nevada, to wit:

Southwest Lot 3 Section 1 Township 29 North, Range 48 East, M.D.B. & M.

**IN WITNESS WHEREOF**, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

American Dream Lands LLC

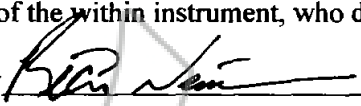
By: Joseph Zilfi, Managing Member

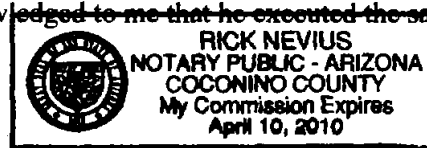
  
\_\_\_\_\_  
Joseph Zilfi

STATE OF ARIZONA }  
COUNTY OF COCONINO }

On the <sup>4<sup>th</sup></sup> of Sep 2007, personally appeared American Dream Lands LLC by Joseph Zilfi, managing member the signer of the within instrument, who duly acknowledged to me that he executed the same.

Signature of Notary

  
\_\_\_\_\_



# STATE OF NEVADA DECLARATION OF VALUE

**DOC # DV-210561**

09/13/2007 01:10 PM

**Official Record**

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

- a) 505-420-51
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

FOR  
Doc  
Bool  
Date  
Note

Recording requested by  
AMERICAN DREAM LANDS LLC

**Eureka County - NV**

**Mike Rebaleati - Recorder**

Page 1 of 1 Fee: \$14.00  
Recorded By: FES RPTT: \$9.75  
Book- 0463 Page- 0016

**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) \$ 2211.00  
 Transfer Tax Value: \$ 9.75  
 Real Property Transfer Tax Due: \$ 9.75

**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**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: Joseph Zilli  
 Address: PO Box 1712  
 City: Flagstaff  
 State: AZ Zip: 86002

(REQUIRED)  
 Print Name: Shawn Godard  
 Address: 37 Swallow Trail  
 City: Fairfield  
 State: PA Zip: 19320

**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)