

Official Record

Recording requested By
AMERICAN DREAM LANDS LLC

Eureka County - NV

Mike Rebaleati - Recorder

Fee \$14.00

Page 1 of 1

RPTT. \$9.75

Recorded By: FES

Book- 0463 Page- 0016

QUITCLAIM DEED
Correction DeedAPN: 005-420-51

Mail tax statements to and after recording mail to:

Name: Shawn R. GodardAddress: 37 Swallow TrailCity/State/Zip: Fairfield, PA 17320**THIS QUITCLAIM DEED**, Executed this 4th 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

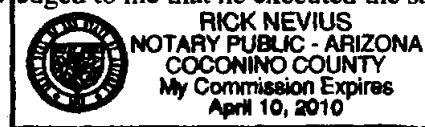
By: Joseph Zilfi, Managing Member

Joseph Zilfi

STATE OF ARIZONA }
COUNTY OF COCONINO }

On the ⁴¹ 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

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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:

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

(REQUIRED)

Print Name: Joseph Zilli
Address: P.O. Box 1712
City: Flagstaff
State: AZ Zip: 86002

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Shawn Godard
Address: 37 Swallow Trail
City: Flagstaff
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)