

DOC # 0210572

09/14/2007 1:16 PM

**QUITCLAIM DEED**

**Official Record**  
Recording requested By  
AMERICAN DREAM LANDS LLC

Eureka County - NV  
Mike Rebaleati - Recorder  
Fee: \$14.00 Page 1 of 1  
RPTT \$13.65 Recorded By LLH  
Book- 0463 Page- 0066

APN: 005-230-28

Mail tax statements to and after recording mail to:  
Name: Denton C. Hill  
Address: 14726 Frost Rd.  
City/State/Zip: Caldwell, ID 83605



**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, Denton C. Hill,

whose mailing address is, 14726 Frost Rd., Caldwell, ID 83605

**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:

The Southeast Quarter of the Southeast Quarter of the Northwest Quarter of Section 27 Township 30 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:

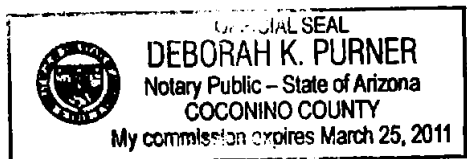
American Dream Lands LLC  
By: Joseph Zilfi, Managing Member

Joseph Zilfi  
Joseph Zilfi

STATE OF ARIZONA }  
COUNTY OF COCONINO }

On the 12<sup>th</sup> of Sept. 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 Deborah K. Purner



**STATE OF NEVADA  
DECLARATION OF VALUE**

**DOC # DV-210572**

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Page 1 of 1 Fee: \$14.00

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

- a) 005-230-28
- 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:**

	\$	<u>3,402.00</u>
Deed in Lieu of Foreclosure Only (value of property)	\$	_____
Transfer Tax Value:	\$	_____
Real Property Transfer Tax Due:	\$	<u>13.65</u>

**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 \_\_\_\_\_ Capacity Seller  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: American Dream Lands LLC  
Address: PO Box 1712  
City: Flagstaff  
State: AZ Zip: 86002

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Denton Hill  
Address: 14726 Frost  
City: Caldwell  
State: ID Zip: 83605

**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)