

DOC # 0211587

01/08/2006

01:05 PM

Official Record

Recording requested By  
JAMES MURPHY

Eureka County - NV  
Mike Rebaleati - Recorder

Fee \$40.00

Page 1 of 2

RPTT:

Recorded By: FES

Book- 0468 Page- 0366



0211587

When recorded return to: )  
)  
ENBODY, DUGAW & ENBODY )  
JOSEPH P. ENBODY )  
107 South Tower )  
Post Office Box 855 )  
Centralia, WA 98531 )

QUIT CLAIM DEED

REFERENCE NUMBER : N/A  
GRANTOR/BORROWER : MURPHY, CATHY  
GRANTEE/ASSIGNEE/BENEFICIARY : MURPHY, JAMES  
LEGAL DESCRIPTION : TOWNSHIP 31 NORTH, RANGE 48  
EAST, MDB&M, Section 33:  
N½NE½NE½  
ASSESSOR'S TAX PARCEL NUMBER : \_\_\_\_\_

THE GRANTOR, CATHY MURPHY, for and in consideration of love and affection, conveys and quit claims to JAMES MURPHY, Grantee, the following described real estate, situated in the County of Eureka, State of Nevada, together with all after acquired title of the Grantor therein:

TOWNSHIP 31 NORTH, RANGE 48 EAST, MDB&M  
Section 33: N½NE½NE½

TOGETHER with any and all buildings and improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Assessor's Property Tax Parcel/Account Number(s): 05-020-42

DATED this 24<sup>th</sup> day of October, 2007.

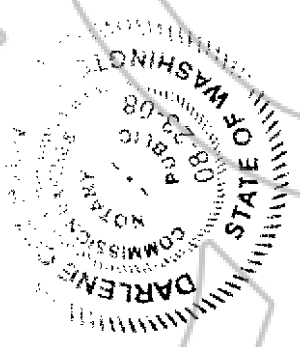
*Cathy Murphy*  
CATHY MURPHY

STATE OF WASHINGTON )  
: SS  
COUNTY OF L E W I S )

On this day personally appeared before me CATHY MURPHY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24 day of September, 2007.

*Darlene Coxson*  
Notary Public in and for the State of WA, residing in: *Chenadis*  
My commission expires 8-23-08



# STATE OF NEVADA DECLARATION OF VALUE

**DOC # DV-211587**

01/06/2008 01:05 PM

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JAMES MURPHY

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**Mike Rebaletti - Recorder**

Page 1 of 1 Fee: \$40.00  
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FC  
D  
B  
D  
N

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

- a) 05-020-42
- 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/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: 6
- b. Explain Reason for Exemption: Former Spouses

**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 Buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: James M. Murphy  
 Address: 142 Gharet Rd.  
 City: Randle  
 State: WA Zip: 98377

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_