

QUIT CLAIM DEED

APN: 002-048-06

DOC # 0211763

04/08/2008

01:45 PM

Official Record

Recording requested By
OLIVER F STONE

Eureka County - NV
Mike Rebaleati - Recorder

Fee \$15.00

Page 1 of 2

RPTT \$58.50

Recorded By: FS

Book- 0471 Page- 0363

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: OLIVER F. STONE
Address: 300 TAMARACK LN.
City/State/Zip: Libby, MT. 59923



0211763

THIS INDENTURE WITNESS That the GRANTOR(S): William B. Binninger for and in consideration of Ten Thousand Three hundred eleven Dollars (\$10,311) do hereby QUIT CLAIM the right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): OLIVER F. Stone, Deborah D Stone whose address is (if applicable): 300 TAMARACK LN., situate in the City of Libby, County of Lincoln, State of MT.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description)

Lot 2 Block 37 Crescent Valley Ranch & Farm Unit 1

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 _____.

x William B Binninger
Signature of Grantor

Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) _____

By (person(s) appearing before notary public) _____

Notary Public

My Commission expires: _____

(Notary Stamp)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Solano

On 7-23-07 before me, Jennifer Moody Notary Public

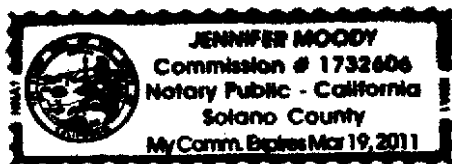
personally appeared William B Binner

☐ personally known to me

☒ (or proved to me on the basis of satisfactory evidence)

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Place Notary Seal Above

Jennifer Moody Notary Public

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-211763

04/08/2008

01:45 PM

FOR RECORD

Official Record

Document

Book:

Date of R:

Notes:

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Page 1 of 1 Fee: \$15.00
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1. Assessor Parcel Number (s)

a) 003-048-06
b) _____
c) _____
d) _____

2. Type of Property:

a) ☒ Vacant Land b) ☐ Single Fam Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg. f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ 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:

\$ 15,000.00
\$ _____
\$ _____
\$ 58.50

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 Oliver F. Stone Capacity BUYER

X Signature William B. Binsinger Capacity SELLER

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)

(REQUIRED)

Print Name: William B. Binsinger
Address: 645 Schaeffer Ridge dr.
City: Dixon
State: CA Zip: 95620

Print Name: Oliver F. Stone
Address: 300 Tamarack Lane
City: Libby
State: MT Zip: 59923

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Oliver F. Stone Escrow # _____
Address: 300 Tamarack Lane
City: Libby State: MT Zip: 59923

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)