

QUIT CLAIM DEED

APN: 001-136-07

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: WESLEY MOON
 Address: 3317 PHEASANT CREST RD.
 City/State/Zip: COOL CA. 95614

DOC # 0211910

06/04/2008

01:15 PM

Official Record

Recording requested By
WESLEY MOON

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: FS

Book- 0473 Page- 0176



0211910

THIS INDENTURE WITNESS That the GRANTOR(S): LIVDA MOON

_____ for and in consideration of
Ten Dollars (\$ 10⁰⁰) 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): WESLEY MOON

_____ whose address
 is (if applicable): 3317 PHEASANT CREST RD., situate
 in the City of COOL, County of ELDORADO, State of CA.

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

(Set forth legal description)

THE SOUTHERLY TWO (2) FEET OF FIFTEEN (15) AND ALL OF
 SIXTEEN (16) AND SEVENTEEN (17) IN BLOCK SEVEN (7) IN THE TOWN
 OF EUREKA, COUNTY OF EUREKA, STATE OF NEVADA AS THE SAME MORE
 FULLY APPEARS FROM THE OFFICIAL MAP NOW ON FILE IN THE
 OFFICE OF THE COUNTY RECORDER, EUREKA COUNTY, NEVADA

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 _____

Livda A. Moon
 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)

State of California

County of Sacramento

On 10th day of December, 2007 before me, Debbie Thomas a Notary Public, personally appeared Linda L. Moon, 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.

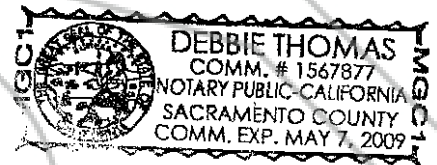
WITNESS my hand and official seal.

Signature



Name: Debbie Thomas
(typed or printed)

(Seal)



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-211910

06/04/2008

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1. Assessor Parcel Number (s)

a) 001-136-07
b) _____
c) _____
d) _____

FOR REC

Docume

Book:

Date of

Notes:

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Page 1 of 1 Fee: \$15.00

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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) \$ _____
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 Wesley Moon Capacity BUYER
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: WESLEY MOON
Address: 3317 PHILASANT CREST RD.
City: CROOK CA
State: _____ Zip: 95614

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)