

# QUIT CLAIM DEED

APN: 01-076-01

DOC # 0211934

06/16/2008

11:10 AM

## Official Record

Recording requested By  
EDNA LOUISE CLARK

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

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RPTT:

Recorded By: FS

Book- 0473 Page- 0293



0211934

### RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Sarah Leigh Grobe  
Address: 19835 EL Valle View  
City/State/Zip: Pueblo, CO 81008

THIS INDENTURE WITNESS That the GRANTOR(S): Hazel Lavonne Clark and/or Edna Louise Clark for and in consideration of Ten <sup>10.00</sup> Dollars (\$ 10.00 ) 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): Sarah Leigh Grobe

whose address is (if applicable): 19835 EL Valle View, situate in the City of Pueblo, County of EL Paso, State of CO.

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

(Set forth legal description) lots 5, 6, 7, 8 of Block 3, as the same are delineated and described on the official plat or map of the town site of Eureka, approved by the United States General Land Office on November 19, 1937, on file in the office of the County Recorder of Eureka County, Nevada, together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

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 6-16-08

Edna Louise Clark  
Signature of Grantor

Hazel Lavonne Clark  
Signature of Grantor

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) June 16, 2008

By (person(s) appearing before notary public) Edna Louise Clark and Hazel Lavonne Clark

Kimberly L. Todd  
Notary Public

My Commission expires: January 3, 2011



STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-211934

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Page 1 of 1 Fee: \$14.00

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1. Assessor Parcel Number (s)

a) 01-076-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

2. Type of Property:

a) <input 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 checked="" 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: \$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 4  
b. Explain Reason for Exemption: To take the names of Hazel and Louise Clark off deed - leave it to Sarah Grobe.

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 E. Louise Clark Capacity Grantor  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Edna Louise Clark  
Address: P.O. Box 873  
City: Eureka  
State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

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

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)