

QUIT CLAIM DEED

APN: 001-091-07

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: CONNIE HICKS
Address: P.O. BOX 267
City/State/Zip: EUREKA, NV 89316

DOC # 0212230

08/14/2008

10:41 AM

Official Record

Recording requested By
CONNIE HICKS

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT:

Recorded By: FS

Book- 0475 Page- 0202



0212230

THIS INDENTURE WITNESS That the GRANTOR(S): WILLIAM E. HICKS

for and in consideration of

Ten 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): CONNIE HICKS

whose address

is (if applicable): P.O. BOX 267, situate

in the City of EUREKA, County of EUREKA, State of NEVADA.

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

(Set forth legal description)

Lots 1-5, Block 73, Townsite

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 _____.

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:

August 8, 2008

Glady Goicoechea



GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
Notary Seal Expires July 10, 2010

STATE OF NEVADA
DECLARATION OF VALUE

DOC H DV-212230

08/14/2008

10:41 AM

Official Record

Recording requested By
CONNIE HICKS

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00

Recorded By: FS RPTT:

Book- 0475 Page- 0202

1. Assessor Parcel Number (s)

a) 001-091-07
b) _____
c) _____
d) _____

2. Type of Property:

a) <input type="checkbox"/>	Vacant Land	b) <input checked="" 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: 5

b. Explain Reason for Exemption: WIDOW OF VETERAN

SON TO MOTHER

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 Connie Hicks Capacity Buyer
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: CONNIE HICKS
Address: P.O. BOX 267
City: EUREKA
State: NV Zip: 89316

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)