

# QUIT CLAIM DEED

DOC # 0215503

09/28/2010 03:32 PM

Official Record

Recording requested By  
NILA COPEN

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1  
RPTT: \$46.80 Recorded By: FES  
Book- 504 Page- 0115

APN: 002-032-09410

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Michael D. Nona S. Kellerman  
Address: P.O. Box 211066  
City/State/Zip: Crescent Valley, NV 89821



THIS INDENTURE WITNESS That the GRANTOR(S): Nila Copen

for and in consideration of

Two Thousand Dollars Dollars (\$2000.00) 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): MICHAEL D. KELLERMAN AND NONA S. KELLERMAN whose address

is (if applicable): PO Box 211066 Crescent Valley NV 89821, situate in the City of Crescent Valley, County of EUREKA, State of NV

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

(Set forth legal description)

348 3rd street, Block 12 Lot 20 Curns unit #1  
346 3rd street, Block 12 Lot 19 Curns 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 \_\_\_\_\_.

Nila Copen  
Signature of Grantor

none  
Signature of Grantor

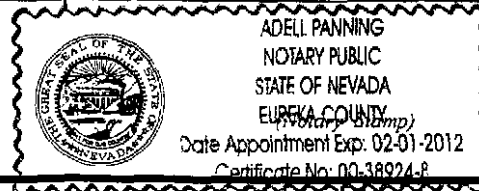
STATE OF NEVADA )  
                                  )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) 9-10-10

By (person(s) appearing before notary public) Nila Copen

Adel Panning  
Notary Public

My Commission expires: 02-01-12



# DECLARATION OF VALUE

## DOC # DV-215503

09/28/2010 03:32 PM

### Official Record

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

- a) 002-032-09
- b) 002-032-10
- c) \_\_\_\_\_
- d) \_\_\_\_\_

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Docum:  
Book:  
Date of:  
Notes:

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Page 1 of 1 Fee: \$14.00  
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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/Ind       |
| 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) \$ 11,954.00

Transfer Tax Value: \$

Real Property Transfer Tax Due: \$ 46.80

#### 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 375.080 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 Nila Copen Capacity seller

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

#### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Nila Copen

Address: P.O. Box 21173

City: Crescent Valley

State: Nevada Zip: 89821

#### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Michael D & Nova S Kellerman

Address: P.O. Box 211066

City: Crescent Valley

State: Nevada Zip: 89821

#### 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)