

QUIT CLAIM DEED

DOC # 0216583

12/23/2010

11:50 AM

Official Record

Recording requested By
WILLIAM BRYANT

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$39.00

Recorded By: FES

Book- 511 Page- 0172



0216583

APN: 003-083-09

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: William J. & Sharon M. Bryant

Address: PO Box 968

City/State/Zip: Marion, MT 59925

THIS INDENTURE WITNESS That the GRANTOR(S): William J. Bryant AND

Sharon M. Bryant, HUSBAND AND WIFE for and in consideration of

EX #7-GIFT - NO CONSIDERATION Dollars (\$ 0.00) 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): GEORGE LESLIE PERRY II whose

address is (if applicable): 1675 Sky Mountain Dr., Apt 217, situate in the

City of Reno, County of Washoe, 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 2 and 3, Block 11, CRESCENT VALLEY RANCH & FARMS Unit 4
APN #003-083-09

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

William J. Bryant
Signature of Grantor

Sharon M. Bryant
Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

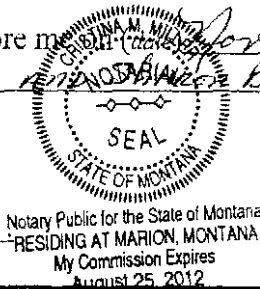
This instrument was acknowledged before me on November 18, 2010

By (person(s) appearing before notary public) William J. and Sharon M. Bryant

Cristina M. Miller

Notary Public

My Commission expires Aug. 25, 2012



(Notary Stamp)

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-216583

12/23/2010

11:50 AM

Official Record

1. Assessor Parcel Number (s)

- a) 003-083-09
b) _____
c) _____
d) _____

FOR RECOR

Document/Tr

Book: _____

Date of Rec: _____

Notes: _____

Recording requested By
WILLIAM BRYANT

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00
Recorded By: FES RPTT: \$39.00
Book- 511 Page- 0172

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) \$ 9806.00
Transfer Tax Value: \$ 9806.00
Real Property Transfer Tax Due: \$ 39.00

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 William J. Bryant Capacity Grantor
Signature Sharon M. Bryant Capacity Grantor

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: William J. & Sharon M. Bryant
Address: PO Box 960
City: Marietta, MT
State: MT Zip: 59925

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: GEORGE L. PELONIS II
Address: 1675 Sky Mtn. Dr. Apt. 217
City: RENO
State: NV Zip: 89523

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)