

Official Record

Recording requested By
RAMONA RITCHIE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$40.00

Page 1 of 2

RPTT:

Recorded By: FES

Book- 0511 Page- 0277

THIS SPACE PROVIDED FOR RECORDER'S USE ONLY:



0216640

PARCEL NUMBER: 005-470-29
WHEN RECORDED RETURN TO:
Raymond P. Schatz
3420 Huerta Drive
Las Vegas, Nevada, 89121

QUIT CLAIM DEED

THE GRANTOR(S),

- Margaret M Schatz, a single person,

for and in consideration of: One Dollar (\$1.00) and other good and valuable consideration conveys, releases and quit claims to the GRANTEE(S):

- Raymond P. Schatz, 3420 Huerta Drive, Las Vegas, Clark County, Nevada, 89121, the following described real estate, situated in the County of Eureka, State of Nevada:

(legal description): T29N, R48E SEC.33 SW4SE4NW4

Description was obtained from the Eureka County Recorders Office.

Grantor grants, all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax Parcel Number: 005-470-29

Mail Tax Statements To:
Raymond P. Schatz
3420 Huerta Drive
Las Vegas, Nevada 89121

Grantor Signatures:

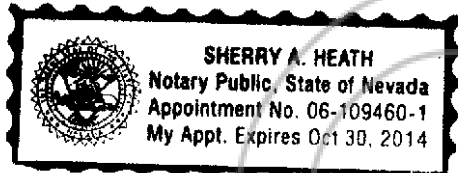
DATED: 1/5/11

Ramona M. Ritchie Co-guardian for Margaret M. Schatz

Margaret M Schatz
3420 Huerta Drive
Las Vegas, Nevada, 89121

STATE OF NEVADA, COUNTY OF CLARK, ss:

This instrument was acknowledged before me on this 5th day of January,
2011 by Margaret M Schatz, Ramona M. ~~Blanche Ritchie~~



[Signature]
Notary Public

Notary
Title (and Rank)

My commission expires 10/30/2014

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-216640

01/12/2011

02:55 PM

Official Record

Guardianship papers Received
Recording requested By
RAMONA RITCHIE

FOR RECOR
Document/I
Book:
Date of Rec
Notes:

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$40.00
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1. Assessor Parcel Number (s)

a) 005-470-29
b) _____
c) _____
d) _____

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) \$ 1426⁰⁰
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: Transfer from wife to husband

5. Partial Interest: Percentage being transferred: 100 %

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 R.M. Schatz Capacity Grantor
Signature Raymond P. Schatz Capacity Co-guardian for Margaret Schatz. Husband-Grantee

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: Margaret M. Schatz
Address: 3420 Huerta Drive
City: Las Vegas
State: NV Zip: 89121

(REQUIRED)
Print Name: Raymond P. Schatz
Address: 3420 Huerta Drive
City: Las Vegas
State: NV Zip: 89121

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)