

DOC # 0216922

04/08/2011 03:42 PM

Official Record

Recording requested By
GRANT MILLER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: FES

Book- 513 Page- 0247



0216922

APN: 05-470-40
Recording requested by and mail documents and
tax statements to:

Name: GRANT MILLER

Address: 619 SHADYBROOK DRIVE

City/State/Zip: SPRING CREEK, NV 89815

DED115
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

RPTT: _____

QUITCLAIM DEED CORRECTED

Dated this 8TH day of APRIL, 2011

For valuable consideration, the sum of TEN THOUSAND

Dollars (\$ 10,000) I/We, the undersigned, Alice Baughn

who acquired title to that certain property described below, and who is the Grantor(s) herein, does
hereby Quitclaim to: GRANT MILLER

Grantee(s) all that real property situated in the City of CRESCENT VALLEY
County of EUREKA, State of NEVADA
described as: (set forth legal description and commonly known address)

NE4NW4, NE4NW4NW4, S2NW4NW4, N2SW4NW4, SW4SW4NW4
SECTION 33, TOWNSHIP 29 NORTH, RANGE 48 EAST MOBYM

**WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU
WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER
RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.**

In Witness Whereof, I/We hereunto set my hand/our hands this 8TH day of APRIL, 2011.

Alice Baughn
Signature


[Signature]
Signature

Alice Baughn
Print or type name here

GRANT MILLER
Print or type name here

STATE OF _____)
COUNTY OF _____)
On this 8th day of APRIL, 2011, personally appeared ALICE BAUGHN AND GRANT MILLER
before me, a Notary Public, ALICE BAUGHN AND GRANT MILLER
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Marcella A. Pond
Notary Public
My commission expires: March 18, 2015
Consult an attorney if you doubt this forms fitness for your purpose.



MARCELLA A. POND
Notary Public, State of Nevada
Appointment No. 99-54086-6
My Appt. Expires March 18, 2015

**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-216922

04/08/2011 03:42 PM

Official Record

1. Assessor Parcel Number (s)

- a) 05-476-40
- b) _____
- c) _____
- d) _____

FOR RE
Docume
Book:
Date of
Notes:

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2. Type of Property:

- a) Vacant Land
- b) Single Fam Res.
- c) Condo/Twnhse
- d) 2-4 Plex
- e) Apt. Bldg.
- f) Comm'l/Ind'l
- g) Agricultural
- h) Mobile Home
- i) Other

Page 1 of 1 Fee: \$15.00
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3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ PREVIOUSLY PAID # 0214953
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

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 _____ Capacity Buyer
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: <u>ALICE BAUGHN</u>	Print Name: <u>GRANT MILLER</u>
Address: <u>6341 N. SAN PABLO</u>	Address: <u>619 SHADY BROOK DR</u>
City: <u>FRESNO</u>	City: <u>SPRING CREEK</u>
State: <u>CA</u> Zip: <u>93710</u>	State: <u>NV</u> Zip: <u>89815</u>

COMPANY/PERSON REQUESTING RECORDING
(REQUIRED IF NOT THE SELLER OR BUYER)
Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____