

DOC # 0218621

09/21/2011

04:11 PM

Official Record

Recording requested By JOHN BROWN

Eureka County - NV

Mike Rebaleti - Recorder

Fee: \$39.00

Page 1 of 2

RPTT: \$105.30

Recorded By: LLH

Book- 521 Page- 0270

APN# 001-136-08
Recording Requested by:
Name: John Brown
Address: P.O. Box 471
City/State/Zip: Eureka, NV 89316

Mail Tax Statements to:
Name: John Brown
Address: P.O. Box 471
City/State/Zip: Eureka, NV 89316



Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law:

Signature (Print name under signature) Title

Quitclaim Deed

(Insert Title of Document Above)

Only use the following section if one item applies to your document

This document is being re-recorded to

-OR-

This document is being recorded to correct document #, and is correcting

If legal description is a metes & bounds description, furnish the following information:

Legal description obtained from (Document Title), Book Page Document # recorded (date) in the Eureka County Recorder's Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4. (Additional recording fee applies)

QUITCLAIM DEED

FOR VALUE RECEIVED, (\$27,000.) **JAMES & REBECCA WOOD**, Owners and Grantors, do hereby convey,

release, remise and forever quitclaim unto - **JOHN BROWN**, Grantee, whose address is PO Box 471 Eureka Nev 89316, the following described premises, to-wit:

291 S. SPRING STREET, EUREKA, NEVADA

PARCEL # 001-136-08

Together with the appurtenances. This property is located in **EUREKA, NV. 89316**

This deed is intended to convey to the Grantee all right, title, and interest of the Grantor in and to said property, now owned or hereafter acquired.

Dated this 14th day of Sept, 20 11.

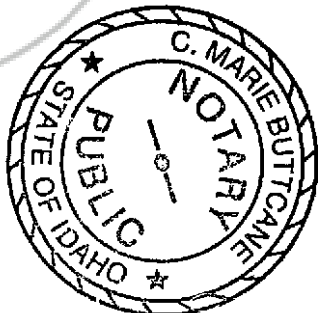
JAMES WOOD [Signature] GRANTOR

REBECCA WOOD [Signature] GRANTOR

STATE OF IDAHO)
County of Lincoln) ss.

On this 14 day of Sept., 20 11, before me, the undersigned, a Notary Public in and for said state, personally appeared Jim Wood Rebecca Wood

_____ , known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that _____ he executed the same.



C. Marie Buttore
NOTARY PUBLIC for Idaho
Residing at: Richfield, Id.
My Commission Expires:
8.23.12.

STATE OF NEVADA DECLARATION OF VALUE

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1. Assessor Parcel Number (s)

- a) 001-136-08
- b) _____
- c) _____
- d) _____

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No

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Eureka County - NV
Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$39.00
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2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input 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 checked="" type="checkbox"/> | Other | | |

3. Total Value/Sales Price of Property:

\$ 27,000
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 105.30

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
- b. Explain Reason for Exemption: _____

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 _____ Capacity _____
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Jim Wood
 Address: 1150 N 1250 E
 City: RICHFIELD
 State: ND Zip: 58349

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: JOHN W. BROWN
 Address: PO Box 471
 City: EUREKA
 State: NV Zip: 89316

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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