

QUIT CLAIM DEED

APN: 001-194-05

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: RICHARD LANDERS
PJ BENET-DAVIS

Address: PO. BOX 452

City/State/Zip: EUREKA, NV. 89316



0220282

THIS INDENTURE WITNESS That the GRANTOR(S): PJ BENET-DAVIS

_____ for and in consideration of
TEN ONE⁰⁰ Dollars (\$ 10⁰⁰) 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): PJ BENET-DAVIS AS TO AN UNDIVIDED
1/2 INTEREST AND RICHARD LANDERS AS TO AN UNDIVIDED 1/2 INTEREST whose
address is (if applicable): P.O. BOX 452, situate in the

City of EUREKA, County of EUREKA, State of NEVADA. All


that certain property in the County of Eureka, State of Nevada bounded and described as follows:
(Set forth legal description)

**Parcel No. 1, as shown on that certain Parcel Map for Jack Scott
Burnett, filed in the Office of the County Recorder of Eureka County,
State of Nevada, on June 20, 1990, as file No. 132576, being a portion of
Section 24, Township 19 North, Range 53 East, MDB&M.**

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 20 APRIL 2012

Benet-Davis
Signature of Grantor

Signature of Grantor

| | |
|--|---|
| STATE OF NEVADA) | |
| COUNTY OF EUREKA) | |
| This instrument was acknowledged before me on (date) <u>April 20, 2012</u> | |
| By (person(s) appearing before notary public) <u>PJ Benet-Davis</u> | |
| <u>Kathy Bacon-Bowling</u> Notary Public |  |
| My Commission expires: <u>May 11, 2015</u> | |
| (Notary Stamp) | |

**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-220282

04/20/2012 03:24 PM

Official Record

1. Assessor Parcel Number (s)
 a) 001-194-05
 b) _____
 c) _____
 d) _____

FOR RECORD
 Document/In: _____
 Book: _____
 Date of Recd: _____
 Notes: _____

Recording requested by
 PJ BENET-DAVIS, RICHARD LANDERS

Eureka County - NV
 Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00
 Recorded By: FES RPTT:
 Book- 531 Page- 0076

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: \$ 47,560
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 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 ONE SPOUSE TO BOTH SPOUSES.

5. Partial Interest: Percentage being transferred: 50 %

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 [Signature] Capacity BUYER
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: PJ BENET-DAVIS
 Address: PO. BOX 452
 City: EUREKA
 State: NV. Zip: 89316

(REQUIRED)
 Print Name: RICHARD LANDERS
 Address: PO. BOX 452
 City: EUREKA,
 State: NV. Zip: 89316

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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