

# QUIT CLAIM DEED

APN: 005-130-26

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	
Name:	<u>Smile4U</u>
Address:	<u>PO Box 888</u>
City/State/Zip:	<u>Lynden, WA 98264</u>

## DOC # 0224113

04/19/2013 04:43 PM

### Official Record

Recording requested By  
EUREKA COUNTY TREASURER, TRUSTEE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$31.20

Recorded By: .ES

Book- 549 Page- 0042



0224113

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (Bryant, Edward D.) for and in consideration of  
Six Thousand Nine Hundred Fifty-Four Dollars and Eighty Cents (\$6954.80) 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): Smile4U whose address is (if  
applicable): PO Box 888, situate in the Town of Lynden, State of Washington.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

**T31N R50E Sec. 31 W2NE4**

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 April 19, 2013.

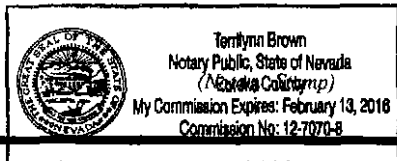
Beverly Conley  
Signature of Grantor

STATE OF NEVADA     )  
                                  )  
COUNTY OF EUREKA    )

This instrument was acknowledged before me on (date) April 19, 2013

By (person(s) appearing before notary public) Beverly Conley\*\*

[Signature]  
Notary Public  
My Commission expires: Feb 13, 2016



# DECLARATION OF VALUE

FOR RECC  
Document  
Book:  
Date of Re  
Notes:

## DOC # DV-224113

04/19/2013 04:43 PM

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Page 1 of 1 Fee: \$14.00  
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### 1. Assessor Parcel Number (s)

- a) 005-130-26
- 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) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ 7,920<sup>00</sup>  
 Real Property Transfer Tax Due: \$ 31<sup>20</sup>

### 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 Beverly Conley Capacity Treasurer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Eureka Treasurer  
 Address: PO Box 677  
 City: Eureka  
 State: NV Zip: 89316

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Smile 4U  
 Address: PO Box 888  
 City: Lynden  
 State: WA Zip: 98264

### 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)