

DOC # 0229367

05/15/2015 10:57 AM

Official Record

Recording requested By  
BONNIE ASCHE

Eureka County - NV  
Sara Simmons - Recorder

Fee: \$15.00 Page 1 of 2  
RPTT: Recorded By: LH  
Book- 578 Page- 0354



Recording requested by: \_\_\_\_\_

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

Name: Bonnie Asche

Name \_\_\_\_\_

Address: P.O. Box 611

Address \_\_\_\_\_

City/State/Zip: EUREKA NV 89316

City/State/Zip \_\_\_\_\_

Property Tax Parcel/Account Number: \_\_\_\_\_

# Quitclaim Deed

This Quitclaim Deed is made on \_\_\_\_\_, between

Robert G. Bush, Grantor, of P.O. Box 611 - 576 EL GATO ST,  
City of EUREKA Eureka county, State of NEVADA,

and Bonnie A. Asche, Grantee, of P.O. Box 611 Eureka, Eureka  
County, City of Eureka, State of NEVADA.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 576 EL GATO ST Eureka county, City of EUREKA, State of NEVADA:

Property Location 576 EL GATO  
Parcel A of Lot 1 Parcel D Parcel map # 126194  
Vesting Document # 0223323 DATE 5/12/2015  
MAP Document # 592267, 126194  
Parcel # 009-394-18

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of \_\_\_\_\_ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: \_\_\_\_\_

Robert Bush  
Signature of Grantor

Robert G Bush  
Name of Grantor

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Printed Name of Witness #1

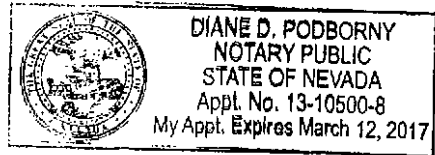
\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Printed Name of Witness #2

State of Nevada County of Eureka

On May 15, 2015, the Grantor, Robert G. Bush,  
personally came before me and, being duly sworn, did state and prove that he/she is the person described  
in the above document and that he/she signed the above document in my presence.

Diane D. Podborny  
Notary Signature



Notary Public,

In and for the County of Eureka State of Nevada

My commission expires: March 12, 2017 Seal

Send all tax statements to Grantee.



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STATE OF NEVADA  
DECLARATION OF VALUE FORM

DOC # DV-229367  
05/15/2015 10:57 AM  
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1. Assessor Parcel Number(s)  
a) # 007 394 18  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

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BONNIE ASCHE  
Eureka County - NV  
Sara Simmons - Recorder

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  
Other \_\_\_\_\_

Page 1 of 1      Fee: \$15.00  
Recorded By: LH    RPTT:  
Book- 578    Page- 0354  
Date of Recording: \_\_\_\_\_  
Notes: \_\_\_\_\_

3. Total Value/Sales Price of Property      \$ 67932.00  
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: Son to Mother

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 parties agree that 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 Bonnie Asche      Capacity Buyer  
Signature \_\_\_\_\_      Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
Print Name: Bonnie Asche  
Address: P.O. Box 611  
City: EUREKA  
State: NV      Zip: 89316

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_