

Official Record

Recording requested By  
FRED & CAROL BAILEY

Eureka County - NV

Sara Simmons - Recorder

Fee: \$15.00 Page 1 of 2  
RPTT: Recorded By: LH  
Book- 582 Page- 0153

When Recorded Return to:  
Goicoechea, Di Grazia,  
Coyle & Stanton, Ltd.  
530 Idaho Street  
Elko, NV 89801

The undersigned affirms that this document  
does not contain a social security number.



QUITCLAIM DEED

For the consideration of Ten Dollars (\$10.00), lawful money of the United States of America, and other good and valuable consideration, the receipt of which is hereby acknowledged Fred Bailey and Carolyn Bailey, his wife, hereinafter referred to as Grantors, do by these presents remise, release and forever quitclaim unto Wilfred R. Bailey and Barbara Bailey as Trustees of the Bailey Family Trust, herein referred to as Grantees, and to their successors, assigns, all those applications proofs, permits and certificates related to the water and water rights located in the County of Eureka, State of Nevada, described as follows:

<u>Permit No.</u>	<u>Certificate No.</u>	<u>Source</u>
63497	16935	Underground-Irrigation
67144	16760	Underground-Stockwater
80187		Quaking Spring

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the Grantees and their heirs, executors, administrators and assigns forever.

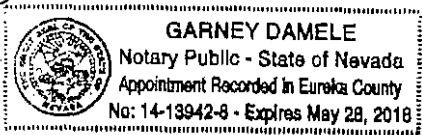
IN WITNESS WHEREFORE, Grantors have executed this Quitclaim Deed this 13<sup>th</sup> day of August, 2015.

Fred Bailey  
FRED BAILEY

Carolyn Bailey  
CAROLYN BAILEY

STATE OF NEVADA )  
 : SS.  
COUNTY OF EUREKA )

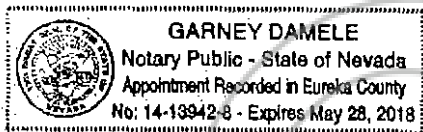
The foregoing instrument was acknowledged before me on the 13 day  
of August, 2015, by Fred Bailey.



Garney Damele  
NOTARY PUBLIC

STATE OF NEVADA )  
 : SS.  
COUNTY OF EUREKA )

The foregoing instrument was acknowledged before me on the 13 day  
of August, 2015, by Carolyn Bailey.



Garney Damele  
NOTARY PUBLIC

GOICOCHEA, DIGRAZIA, COYLE & STANTON, LTD.  
ATTORNEYS AT LAW  
530 IDAHO STREET - P.O. BOX 1356  
ELKO, NEVADA 89801  
(775) 738-8091



STATE OF NEVADA  
DECLARATION OF VALUE FORM

DOC # DV-229754

08/13/2015

01:10 PM

Official Record

1. Assessor Parcel Number(s)

- a) None
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

Recording requested By  
FRED & CAROL BAILEY

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 Water rights

Page 1 of 1 Fee: \$15.00  
Recorded By: LH RPTT:  
Book-582 Page-0153

Date of Recording: \_\_\_\_\_  
Notes: Verified Trust All

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ Exempt  
 Transfer Tax Value: \_\_\_\_\_  
 Real Property Transfer Tax Due \$ Exempt

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 7
- b. Explain Reason for Exemption: Transfer to Trust

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 \_\_\_\_\_ Capacity Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
(REQUIRED)

Print Name: Fred & Carolyn Bailey  
Address: P.O. Box 29  
City: Eureka  
State: NV Zip: 89316

**BUYER (GRANTEE) INFORMATION**  
(REQUIRED)

Print Name: \_\_\_\_\_  
Address: P.O. Box 29  
City: Eureka  
State: NV Zip: 89316

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED