

DOC # 0231023

03/30/2016 01:33 PM

Official Record

Recording requested By
ROBERT J WINES

Eureka County - NV
Sara Simmons - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: \$27.30 Recorded By: LH
Book- 589 Page- 0251

APN 005-060-04
Send Tax Statement to
Lee R. May
5051 Holly Drive
Shingle Springs CA 95682



0231023

Above Space Reserved for Recording

(If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.)

Quitclaim Deed

Date of this Document: 10/8/2015

Reference Number of Any Related Documents: _____

Grantor:

Name Morton O'Grady
Street Address 4884 Park Drive
City/State/Zip Carlsbad CA 92008

Grantee:

Name Lee R. May
Street Address 5051 Holly Drive
City/State/Zip Shingle Springs CA 95682

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): T31N, R48E SEC.25 E2NE4

Assessor's Property Tax Parcel/Account Number(s): 005-060-04

THIS QUITCLAIM DEED, executed this 8 day of OCTOBER 2015, by first party, Grantor, Morton O'Grady, whose mailing address is 4884 Park Drive Carlsbad CA 92008, to second party, Grantee, Lee R. May whose mailing address is 5051 Holly Dr Shingle Springs CA 95682.

WITNESSETH that the said first party, for good consideration and for the sum of Ten Dollars (\$10.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Eureka, State of Nevada to wit: THE EAST HALF (E-1/2) OF THE NORTHEAST QUARTER (NE-1/4) OF SECTION 25, TOWNSHIP 31 NORTH, RANGE 48 EAST, M.D.B.E.M. TOGETHER WITH ALL RIGHTS ASSOCIATED WITH AND TOGETHER WITH ALL BUILDINGS AND IMPROVEMENTS.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____
Print Name of Witness _____

Signature of Witness _____
Print Name of Witness _____

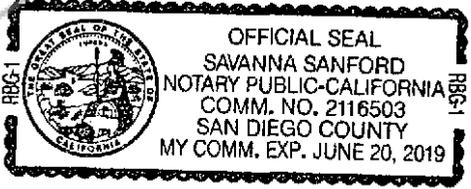
Signature of Grantor Morton S. O'Grady
Print Name of Grantor MORTON S. O'GRADY

State of California
County of San Diego

On October 8 2015, before me, Savanna Sanford Notary Public appeared Morton O'Grady, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Savanna Sanford
Signature of Notary

Affiant _____ Known Produced ID
Type of ID California Driver license
(Seal)



**STATE OF NEVADA
DECLARATION OF VALUE**

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1. Assessor Parcel Number (s)

- a) 005-060-04
- 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 | | |

FC No.	_____
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3. Total Value/Sales Price of Property:

\$ 13,200.00
Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value: \$ 6,600.00
Real Property Transfer Tax Due: \$ 27.30

4. If Exemption Claimed:

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

5. Partial Interest: Percentage being transferred: 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 _____ Capacity Attorney
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: Morton O'Grady
Address: 4884 Park Drive
City: Carlsbad
State: CA Zip: 92008

(REQUIRED)
Print Name: Lee R. May
Address: 5051 Holly Drive
City: Shingle Springs
State: CA Zip: 95682

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
Print Name: Robert J. Wines, Prof. Corp. Escrow # _____
Address: 687 6th Street, Suite 1
City: Elko State: NV Zip: 89801