

APN: 005-130-25;

Please Send Tax Statement To:

John F. Kirk
3647 Azalya Patch Road
Ruffin, SC 29475

DOC # 0232284

12/12/2016 03:38 PM

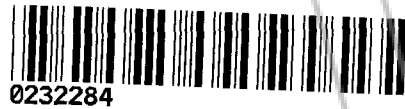
Official Record

Recording requested By
ROBERT J WINES PROF CORP

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: \$23.40 Recorded By: CH
Book- 597 Page- 0423



0232284

QUITCLAIM DEED

THIS INDENTURE, made and entered into as of the 17 day of October, 2016,
by and between DEBORAH F. SPENCER, a unmarried woman, as her sole and separate property,
Grantor, and JOHN F. KIRK, an unmarried man, Grantee;

WITNESSETH:

That the Grantor, for valuable consideration, in hand paid by the said Grantee, the receipt
whereof is hereby acknowledged, does by these presents remise, release and forever quitclaim unto
the said Grantee, and to the successors and assigns of the Grantee forever, all that certain property
situate in the County of Eureka, State of Nevada, and more particularly described as follows:

S½ of W½ of E½, Section 31, Township 31 North, Range 50 East, M.D.B.&M.

TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditament and appurtenances thereunto
belonging or in anywise appertaining, the reversion and reversion, remainder and
remainders, rents, issues and profits thereof.

SUBJECT TO all covenants, conditions, reservations and restrictions of record.

TO HAVE AND TO HOLD, all and singular, the said premises, together with the
appurtenances unto the said Grantee, and to the successors and assigns of the Grantee forever.

///

IN WITNESS WHEREOF, the said Grantor has hereunto set her hand as of the day and year first hereinabove written.


DEBORAH F. SPENCER

STATE OF CALIFORNIA)
 : ss.
COUNTY OF _____)

On this _____ day of _____, 2016, before me, _____, a Notary Public, personally appeared, DEBORAH F. SPENCER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

NOTARY PUBLIC
Commission expires _____

California All-Purpose
Acknowledgment Attached

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Marin)

On Oct. 17th 2016 before me, Jessica Simmons, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Deborah F. Spencer
Name(s) of Signer(s)

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quitclaim deed Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-232284

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Page 1 of 1 Fee: \$16.00
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1. Assessor Parcel Number (s)

- a) 005-130-25
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 | | |

FOR RECORDERS OPTIONAL USE ONLY

Notes: _____

3. Total Value/Sales Price of Property:

\$ 11,871.00
Deed in Lieu of Foreclosure Only (value of property) \$
Transfer Tax Value: \$ 5,935.50
Real Property Transfer Tax Due: \$ 23.40

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 Robert J. Wines Capacity Attorney
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Deborah F. Spencer
Address: 2280 Wolfberry Way
City: Santa Rosa
State: CA Zip: 95404

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: John F. Kirk
Address: 3647 Azalya Patch Road
City: Ruffin
State: SC Zip: 29475

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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)