

Prepared By

Name: Cody Nelson
Address: PO Box 71

State: Nevada Zip Code: 89316

After Recording Return To

Name: Cody Nelson
Address: PO Box 71

State: Nevada Zip Code: 89316

EUREKA COUNTY, NV
RPTT:\$138.45 Rec:\$35.00
Total:\$173.45
CODY NELSON

2018-235149

05/15/2018 11:59 AM

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LISA HOEHNE, RECORDER

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NEVADA QUIT CLAIM DEED

STATE OF NEVADA

COUNTY OF Eureka

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of
(\$ 10) in hand paid to

Mark Daly, a single Man, residing at 40 N Oniel,
County of Eureka, City of Eureka, State of Nevada

(hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to
Cody Nelson, a single Man, residing at 290 S. Monroe,
County of Eureka, City of Eureka, State of Nevada

(hereinafter known as the "Grantees(s)") all the rights, title, interest, and claim in or to
the following described real estate, situated in the County of Eureka, Nevada to-
wit: lots 14 and 15 in Block 73, All in town of Eureka

Excepting ~~therefrom~~ all uranium, thorium, or any other material
which is or may be determined to be particularly essential to the production of fissionable
materials, reserved by the united states of america, in patent recorded December 19, 1941;
in Book 23, Page 226, Deed Records, Eureka County, Nevada
To have and to hold, the same together with all and singular the appurtenances
thereunto belonging or in anywise appertaining, and all the estate, right, title, interest,
lien, equity and claim whatsoever for the said first party, either in law or equity, to the
only proper use, benefit and behoof of the said second party forever.

Grantor's Signature
Mark Daly

Grantor's Name
40 N. O'Neil PO Box 71

Address
Eureka, NV 89316

City, State & Zip

Grantor's Signature

Grantor's Name

Address

City, State & Zip

STATE OF NEVADA)

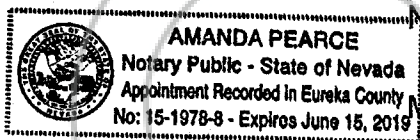
COUNTY OF Eureka)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Mark Daly whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 15th day of May, 2018.

Amanda Pearce

Notary Public



My Commission Expires: June 15, 2019

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 001-091-06
b) _____
c) _____
d) _____

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 _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 35,537

Deed in Lieu of Foreclosure Only (value of property)

(_____)

Transfer Tax Value:

\$ _____

Real Property Transfer Tax Due

\$ 138.45

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section N/A

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %

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 _____

Signature Cody Nelson Capacity grantee

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Mark Daly
Address: 40 North Oniel
City: Eureka
State: Nevada Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Cody Nelson
Address: PO Box 71
City: Eureka
State: Nevada 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