

**Prepared By**

Name: BARNEY PROSSER  
Address: PO BOX 202  
RIVER PINES  
State: CALIF. Zip Code: 95675

**After Recording Return To**

Name: BARNEY PROSSER  
Address: P.O. BOX 202  
RIVER PINES  
State: CA. Zip Code: 95675

EUREKA COUNTY, NV  
RPTT: \$9.75 Rec: \$35.00  
Total: \$44.75  
BARNEY PROSSER

**2019-237913**  
**01/22/2019 04:17 PM**  
Pgs=3



00004528201902379130030037

LISA HOEHNE, RECORDER

Space Above This Line for Recorder's Use

**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 0 (\$ 0) in hand paid to

ANN PROSSER, a 2196 NW 42 W.,  
County of FLATHEAD, City of KALISPEL, State of MONTANA  
(hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to 22980 WEST AVE.  
BARNEY PROSSER, a P.O. BOX 202 - 95675,  
County of AMADOR, City of RIVER PINES, State of CALIFORNIA  
(hereinafter known as the "Grantee(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:

APN # 006-050-07

T 27N R 51E SEC 13 POR NE 4

**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.

Ann Prosser

ANN PROSSER

Grantor's Signature

ANN PROSSER

Grantor's Name

2196 Hwy 2 W.

Address

KALISPELL, MT. 59901

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 Ann Prosser 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 10 day of December, 2018.



LYNN LUNDA  
NOTARY PUBLIC for the  
State of Montana  
Residing at Kalispell, Montana  
My Commission Expires  
February 07, 2022

Lynn Lunda  
Notary Public

My Commission Expires: 02-07-2022

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 006-050-07  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#:

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

## 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        |                             |                 |

## 3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 78400

\$

\$

\$ 9.75

## 4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_

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 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 Boy Prosser Capacity GRANTEE  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: ANN PROSSER  
Address: 2196 HWY 2 WEST  
City: KALISPEEN  
State: MONT Zip: 59901

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: BARNEY PROSSER  
Address: PO BOX 202  
City: RIVER PINES  
State: CA Zip: 95675

### COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: BARNEY PROSSER Escrow # \_\_\_\_\_  
Address: P.O. BOX 202  
City: RIVER PINES State: CALIF. Zip: 95675

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)