

Prepared By

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

EUREKA COUNTY, NV 2019-237913  
RPTT: \$9.75 Rec: \$35.00  
Total: \$44.75 01/22/2019 04:17 PM  
BARNEY PROSSER Pgs=3



LISA HOEHNE, RECORDER

After Recording Return To

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

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 \_\_\_\_\_, residing at 2196 Hwy 2 W.  
County of FLATHEAD, City of KALISPELL, State of MONTANA  
(hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to 22980 WEST AVE.  
BARNEY PROSSER, a \_\_\_\_\_, residing at 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 NE4

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

\_\_\_\_\_  
Grantor's Signature

ANN PROSSER  
Grantor's Name

\_\_\_\_\_  
Grantor's Name

2196 Hwy 2 W.  
Address

\_\_\_\_\_  
Address

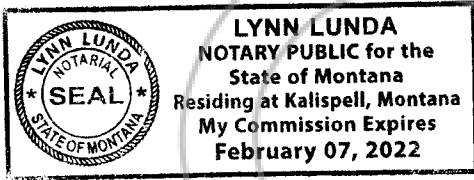
KALISPELL, MT. 59901  
City, State & Zip

\_\_\_\_\_  
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

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/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) \$ 78400  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 915

## 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 Boj Prosser Capacity GRANTEE  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: ANN PROSSER  
 Address: 2196 HWY 2 WEST  
 City: KALISPEH  
 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