

Prepared By

Name: Joseph Carruthers
Address: 250 Dean Dann Spa Rd.
Crescent Valley
State: NV Zip Code: 89821

After Recording Return To

Name: Susan Fye
Address: 18000 SW Mt. Hood Dr.
Powell Butte
State: OR Zip Code: 97753

EUREKA COUNTY, NV
RPTT: \$167.70 Rec: \$35.00
Total: \$202.70
SUSAN FAYE
2019-239262
07/15/2019 01:10 PM
Pgs=3



LISA HOEHNE, CLERK RECORDER

Space Above This Line for Recorder's Use

QUIT CLAIM DEED

STATE OF Nevada
EUREKA COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of One Dollar (\$ 1.00) in hand paid to Joseph Carruthers, a person, residing at 250 Dean Dann Spa Rd., County of Eureka, City of Crescent Valley, State of NV (hereinafter known as the "Grantor(s)") hereby remise, release and forever quitclaim to Susan Fye, a person, residing at 18000 SW Mt. Hood Dr., County of Crook, City of Powell Butte, State of OR (hereinafter known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in EUREKA County, , to-wit:

ASSESSOR PARCEL # 005-420-46

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.



Joseph Carruthers
Grantor's Signature
Joseph Carruthers
Grantor's Name
250 Dean Dann Spa Rd.
Address
Crescent Valley, NV 89821
City, State & Zip

Grantor's Signature

Grantor's Name

Address

City, State & Zip

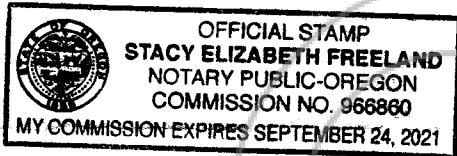
In Witness Whereof,

STATE OF Oregon
COUNTY OF Crook

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Joseph Carruthers 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 4th day of June, 2019.

Stacy Elizabeth Freeland
Notary Public



My Commission Expires: 9-24-2021

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
a) 005-420-46
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
i) ☐ Other _____

FOR RECORDER'S OPTIONAL USE ONLY
Book: _____ Page: _____
Date of Recording: _____
Notes: _____

3. Total Value/Sales Price of Property \$ 42,649
Deed in Lieu of Foreclosure Only (value of property) (_____)
Transfer Tax Value: \$ 42,649
Real Property Transfer Tax Due \$ 167.70

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

5. Partial Interest: Percentage being transferred: _____ %
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 _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
Print Name: JOSEPH ARCHTHEES
Address: 250 DEAN DANN SPA
City: CRESCENT VALLEY
State: NV Zip: 89821

BUYER (GRANTEE) INFORMATION
(REQUIRED)
Print Name: SUSAN FKE
Address: 18000 SW MTHOOD DR
City: POWELL BUTTE
State: OR Zip: 97753

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____