

Prepared By

Name: JAMES P. ITHURRALDE
Address: P.O. Box 26
EUREKA
State: NV Zip Code: 89316

EUREKA COUNTY, NV
LAND-WRD
Rec: \$37.00
Total: \$37.00
CHAD & ROSIE BLISS

2024-252948
07/31/2024 04:14 PM
Pgs=3

After Recording Return To

Name: CHAD D. BLISS
Address: P.O. Box 585
EUREKA
State: NEVADA Zip Code: 89316



00021028202402529480030035
KATHERINE J. BOWLING, CLERK 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

NONE (\$ 0.00) in hand paid to
JAMES P. ITHURRALDE, a _____, residing at P.O. Box 26,
County of EUREKA, City of EUREKA, State of NEVADA

(hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to
CHAD D. BLISS, and ROSIE J. BLISS, residing at P.O. Box 585,
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:

GIBELLINI SPRING #1 PERMIT #8198 CERTIFICATE # 1443

GIBELLINI SPRINGS #2 & #3 PERMIT #8182 CERTIFICATE # 1438

SECRET CANYON SPRINGS (MURRAY SPRING) PERMIT #9393 CERTIFICATE #2732

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.



James P. Ithurraide
Grantor's Signature
JAMES P. ITHURRAIDE
Grantor's Name
P.O. Box 26
Address
EUREKA, NEVADA 89316
City, State & Zip

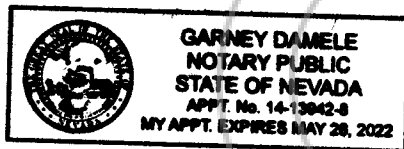
x x x x x
Grantor's Signature
x x t x
Grantor's Name
x x x x
Address
x x x x
City, State & Zip

STATE OF NEVADA)
COUNTY OF Eureka)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that James P. Ithurraide 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 3 day of August, 2020

Garney Damele
Notary Public



My Commission Expires: May 28, 2022

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) _____
- 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 Water

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

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ 81,000
 Transfer Tax Value: _____
 Real Property Transfer Tax Due \$ _____

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 Chad Bliss Capacity Owner

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Chad Bliss
 Address: P.O. Box 585
 City: Enterprise NV
 State: NV Zip: 89316

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____