

**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.

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

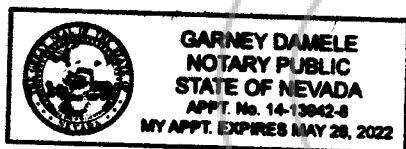
X X X X X  
Grantor's Signature  
X X X X  
Grantor's Name  
X X X X  
Address  
X X X X  
City, State & Zip

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

[Signature]  
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) \$ 81.01

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

State: NV 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