

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

**2024-252949**  
07/31/2024 04:16 PM  
Pgs=4



00021029202402529490040049

KATHERINE J. BOWLING, CLERK RECORDER

**Prepared By**

James P Ithurrealde  
421 US Highway 50 W  
Eureka, Nevada  
89316

**After Recording Return To**

Chad D Bliss  
P.O. Box 585  
Eureka, Nevada  
89316

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Space Above This Line for Recorder's Use

**NEVADA QUIT CLAIM DEED**

State of Nevada

Eureka County

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of "None" Dollars (\$0.00) and/or other valuable consideration to the below in hand paid to the Grantor(s) known as:

A Trust under the name of Robert & Patricia Family Trust with Robert Jean Ithurrealde acting as the Trustee with a mailing address of 6818 South 2485 East, Cottonwood Heights, Utah, 84121.

The receipt whereof is hereby acknowledged, the undersigned hereby conveys and quitclaims to Chad D Bliss and Rosie J Bliss, a married couple, residing at P.O. Box 585, P.O. Box 585, Eureka, Nevada, 89316 (hereinafter called the "Grantee(s)") as joint tenants, all the rights, title, interest, and claim in or to the following described real estate, situated in Eureka County, Nevada, to-wit:

Gibellini Spring #1 Permit #8198 Certificate #1443 Gibellini Springs #2 & 3 Permit #8182 Certificate #1438 Secret Canyon Springs (Murray Spring) Per. #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.

**Grantor's Signature**  **Date** August 3 2020

**Print Name:** Robert Jean Ithurralde

**Address:** 6818 South 2485 East, Cottonwood Heights, Utah, 84121



State of Utah)

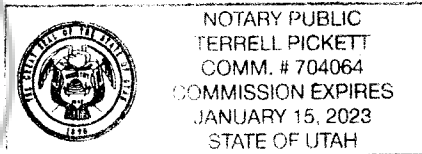
County of Salt Lake)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that ROBERT JEAN ITHURRALDE & PATRICIA ITHURRALDE 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 6 day of AUGUST, 2020.

  
\_\_\_\_\_  
Notary Public (SEAL)

My Commission Expires: 1-15-2023



**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'/Ind'l
- g)  Agricultural
- h)  Mobile Home
- Other water

<b>FOR RECORDER'S OPTIONAL USE ONLY</b>	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 91,000  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 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)**

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_