

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME  
STREET  
ADDRESS  
CITY  
STATE  
ZIP

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ \_\_\_\_\_

computed on full value of property conveyed, or

computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax \_\_\_\_\_ Firm Name \_\_\_\_\_

THE UNDERSIGNED GRANTOR(S) DECLARE(S) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **Fay Mount Day, Trustee of the Delbert Clois Day and Fay Mount Day Family Living Trust** hereby remise, release and forever quitclaim to **Sally A. Osthus** the following described real property in the County of **LINCOLN**, State of ~~CALIFORNIA~~ **NEVADA**

Lot 20, Sunset Acres, Tract 2

Assessor's parcel No. 10-182-13

Executed on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_

*Fay Mount Day*  
 \_\_\_\_\_  
 Fay Mount Day, Trustee of the  
 \_\_\_\_\_  
 Delbert Clois Day and Fay Mount  
 \_\_\_\_\_  
 Day Family Living Trust

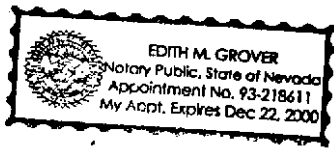
STATE OF ~~CALIFORNIA~~ Nevada } ss.  
 COUNTY OF Lincoln

On November 11, 1999 before me, the undersigned, a Notary Public in and for said State, personally appeared Fay Mount Day

\_\_\_\_\_ known to me to be the person whose whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Edith M. Grover



(This area for official notarial seal)

MAIL TAX STATEMENTS TO Sally A. Osthus, HCR 61 Box 60, Alamo, NV 89001-9701

NAME ADDRESS ZIP

COPY

NO. 113592

FILED AND RECORDED AT REQUEST OF

Sally Osthus

Nov. 15, 1999

AT 50 MINUTES PAST 02 O'CLOCK

PM IN BOOK 144 OF OFFICIAL

RECORDS BOOK 587 LINCOLN

COUNTY, NEVADA

Leslie Boucher

COUNTY RECORDER

By Denise Jewell, Deputy

### State of Nevada Declaration of Value

1. Assessor Parcel Number(s)  
 a) 10-182-13  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:  
 a)  Vacant Land                      b)  Single Fam. Res.  
 c)  Condo/Twnhse                    d)  2-4 Flex  
 e)  Apt. Bldg.                            f)  Comm'l/Ind'l  
 g)  Agricultural                        h)  Mobile Home  
 i)  Other \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
Document/Instrument #:	<u>113592</u>
Book:	<u>144</u> Page: <u>587</u>
Date of Recording:	<u>Nov 15, 1999</u>
Notes:	_____

3. Total Value/Sales Price of Property: \$ 6900-  
 Deduct Assumed Liens and/or Encumbrances: ( \_\_\_\_\_ )  
 (Provide recording information: Doc/Instrument #: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_ )  
 Transfer Tax Value per NRS 375.010, Section 2: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 9.10

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 Seller (Grantor)/Buyer (Grantee), 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 1/2% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

**SELLER (GRANTOR) INFORMATION**  
 Seller Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_  
 Capacity: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION**  
 Buyer Signature: Sally A. Osthus  
 Print Name: SALLY A. OSTHUS  
 Address: HC 61 Box 60  
 City: ALAMO CRACHA  
 State: NV. Zip: 89001-9701  
 Telephone: 775 729-2504  
 Capacity: \_\_\_\_\_

**COMPANY REQUESTING RECORDING**

Co. Name: \_\_\_\_\_ Esc. #: \_\_\_\_\_