

A298-10  
R298-04

**QUITCLAIM DEED**

THIS QUITCLAIM DEED, Executed this 17th day of May, 2001 (year),  
 by first party, Grantor, Robert U Andrews  
 whose post office address is P.O. Box 100 Lincoln, NE 68502  
 to second party, Grantee, Marjorie A Colaye  
 whose post office address is P.O. Box 271  
Piicke, NE 68703

WITNESSETH, That the said first party, for good consideration and for the sum of  
 Dollars (\$ 1.00 ) paid by the said second  
 party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim  
 unto the said second party forever, all the right, title, interest and claim which the said first party  
 has in and to the following described parcel of land, and improvements and appurtenances there-  
 to in the County of Lincoln, State of Nebraska to wit:

Parcel No. 1-074-10  
34K 34 LOT 8

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(1)  
AMAA

Rev. 6/00

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If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

### State of Nevada Declaration of Value

1. Assessor Parcel Number(s):  
 a) 1-07A-10  
 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)  Comm1/Ind1  
 g)  Agricultural      h)  Mobile Home  
 i)  Other \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #	<u>116319</u>
Book	<u>155</u>
Page	<u>41</u>
Date of Recording	<u>May 11, 2001</u>
Notes	_____

3. Total Value, Sales Price or Property: \$ 2000  
 Deduct Assumed Liens and/or Encumbrances: \_\_\_\_\_  
 (Provide recording information: Doc/Instrument #: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_)

Transfer Tax Value per NRS 375.010, Section 2: \$ 260  
 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 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: Robert Andrews  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_  
 Capacity: \_\_\_\_\_

#### BUYER (GRANTEE) INFORMATION

Buyer Signature: Keith Stever  
 Print Name: Keith Stever  
 Address: P.O. Box 536  
 City: Pioche  
 State: NV Zip: 89043  
 Telephone: (775) 962-5251  
 Capacity: \_\_\_\_\_

#### COMPANY REQUESTING RECORDING

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

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

[Signature]  
Signature of Witness  
Pete R. Celaya  
Print name of Witness

Robert C. Andrews  
Signature of First Party  
ROBERT C. Andrews  
Print name of First Party

\_\_\_\_\_  
Signature of Witness  
\_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Signature of First Party  
\_\_\_\_\_  
Print name of First Party

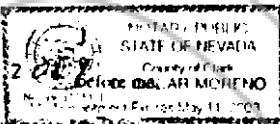
State of \_\_\_\_\_  
County of \_\_\_\_\_  
On \_\_\_\_\_  
appeared \_\_\_\_\_ before me.

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

[Signature]  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID Driver License (Seal)

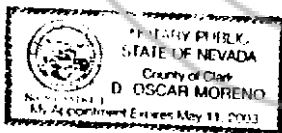
State of \_\_\_\_\_  
County of \_\_\_\_\_  
On 22nd day of May 2003  
appeared \_\_\_\_\_



personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

[Signature]  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_ (Seal)



Margie A. Celaya  
Signature of Preparer  
Margie A. Celaya  
Print Name of Preparer  
P.O. Box 271 Proctor, NV.  
Address of Preparer 89043

(2)  
If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH 4377

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME: **Arthur Victor ANDREWS**, Male, DATE OF DEATH: **May 11, 1975**

RACE: **White**, AGE: **60**, DATE OF BIRTH: **Feb. 27, 1915**, COUNTY OF DEATH: **Clark**

CITY, TOWN, OR LOCATION OF DEATH: **Las Vegas**, No. **4374 E. Baltimore**

STATE OF BIRTH: **Oklahoma**, U.S.A., MARRIED, NEVER MARRIED, SURVIVING SPOUSE: **Widowed**, None

SOCIAL SECURITY NUMBER: [REDACTED], USUAL OCCUPATION: **Miner**, KIND OF BUSINESS OR INDUSTRY: **Metal Mining**

RESIDENCE—STATE: **Nevada**, COUNTY: **Lincoln**, CITY, TOWN, OR LOCATION: **Pioche**, Yes **P.O. Box 73**

FATHER—NAME: **Henry Andrews**, MOTHER—MARRIED NAME: **Victoria Hough**

INDEMNITY—NAME: **Marjorie Scheinost, daughter**, MAILING ADDRESS: **4374 E. Baltimore Ave., Las Vegas, Nevada 89106**

PART I. DEATH WAS CAUSED BY: **Carcinoma of liver**

PART II. OTHER SIGNIFICANT CONDITIONS: [None]

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED: [None]

INJURY AT WORK: [None]

CERTIFICATION: **R. A. Mayne, Chief Dep. Coroner**, Ref: **12: Xon - m May 11, 1975**

BURIAL, CREMATION, REMOVAL: **Burial**, CEMETERY OR CREMATORY: **Pioche Cemetery**, LOCATION: **Pioche Nevada**

DATE: **May 14, 1975**, FUNERAL HOME: **Palm Mortuary, 1325 N. Main, Las Vegas, Nevada 89101**

REGISTRAR SIGNATURE: [Signature], DATE RECEIVED BY LOCAL REGISTRAR: **5-14-75**

NO. **116319**

FILED AND RECORDED AT REQUEST OF

**Keith Stover**  
May 11, 2001

AT **51** MINUTES PAST **01** O'CLOCK  
PM **155** OF OFFICIAL

REGISTRAR PAGE **41** LINCOLN

COUNTY, NEVADA.  
**Leslie Poucher**  
COUNTY RECORDER

**Deleta Seavers**  
Deputy