

126919

APN: # 001-341-20
Recording requested by and mail documents and tax statements to:

Name: William Mensay
Address: PO Box 627
City/State/Zip: Pioche NV 8904

DED104mk
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FILED FOR RECORDING
AT THE REQUEST OF

William Mensay
2006 JUL 27 PM 1 01

LINCOLN COUNTY RECORDER
FEE 15.00 rph 105.00 DEP on
LESLIE BOUCHER

RPTT: _____

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): PORTER, Frank C Jr & Sandra L

for and in consideration of Fifty Thousand and-----no/Dollars (\$ 50,000.00)
do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): _____

William Mensay

all that real property situated in the City of Pioche
County of Lincoln State of Nevada

bounded and described as follows: (Set forth legal description and commonly known address)

Parcel #001-341-20
PARC 39 VINCENT MAP B-191
PIOCHE TOWN

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 11 day of July, 2006

[Signature]
Signature of Grantor

[Signature]
Signature of Grantor

Frank C Porter Jr
Print or Type Name Here

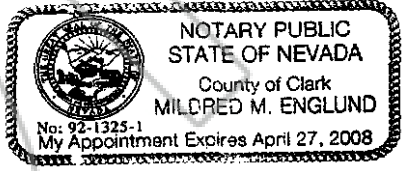
Sandra L Porter
Print or Type Name Here

STATE OF NEVADA)
COUNTY OF CLARK)
On this 11th day of July, 2006, personally appeared
before me, a Notary Public, MILDRED M. ENGLUND, NOTARY

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Mildred M. Englund
Notary Public
My commission expires: 4-27-08

Consult an attorney if you doubt this forms fitness for your purpose.



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number (s)

- a) Parcel #001-341-20
- 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'Vnd'l
- g) Agricultural
- h) Mobile Home
- i) Other _____

FOR RECORDERS OPTIONAL USE ONLY
 Document/Instrument #: 176919
 Book 219 Page 430-431
 Date of Recording: 01/17/2006
 Notes: _____

- 3. Total Value/Sales Price of Property** \$ 50,000.00
Deed in Lieu of Foreclosure Only (value of property) _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due \$ 195.00

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 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 _____ Capacity _____

Signature William Mensay Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 PORTER
 Print name: Frank C Jr & Sandra L
 Address: 4631 Sun Valley Drive
 City: Las Vegas
 State: Nevada Zip: 89121

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print name: MENSAY, William
 Address: PO Box 627
 City: Pioche
 State: Nevada Zip: 89043

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)