

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



OFFICIAL RECORD  
LESLIE BOUCHER, RECORDER

# 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  
hereby remise, release and forever quitclaim to  
Thomas R. Lies  
the following described real property in the  
County of LINCOLN, State of ~~California~~: NEVADA

LOT # 17 of Sunset Acres Tract #2, 4.74 Acres

Assessor's parcel No. \_\_\_\_\_

Executed on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ (City and State)

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

STATE OF CALIFORNIA }  
XXXXX NEVADA } SS.

COUNTY OF LINCOLN

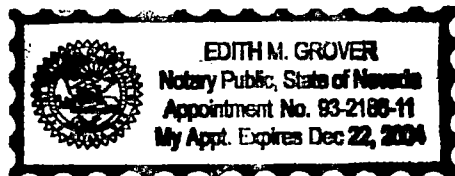
On June 15, 2003 before me, the undersigned, a Notary Public in and for said State, personally appeared

Fay Mount Day

\_\_\_\_\_, known to me to be the person who 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 Thomas R. Lies, 8122 Lake Pleasant Dr.  
NAME ADDRESS ZIP  
Springfield, VA 22153-3009

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 010-182-16  
 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

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 7,109.00  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due \$ 29.25

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 \_\_\_\_\_ Capacity \_\_\_\_\_

Signature Thomas R. Lies Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
(REQUIRED)

Print Name: FAY MOUNT DAY TRUSTEE OF THE DEED  
 Address: CLERIS DAY AND FAY MOUNT DAY FAMILY LIVING TRUST  
 City: RACHEL  
 State: NV Zip: 89001

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

Print Name: THOMAS R. LIES  
 Address: 113 JUNE BERRY LN  
 City: CONWAY  
 State: SC Zip: 29526

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

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