

Assessor's Parcel No. 009-011-57

This Document was Prepared by (and after recording mail tax statement to):

Name: Sam K Bida
Firm (Company) _____
Address 2160 Crawford St
City, State, Zip ELY NV 89301
Phone 775-235-3492



OFFICIAL RECORD
AMY ELMER, RECORDER

E05

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): Sam K Bida

for and in consideration of _____ Dollars (\$ 10.00)

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):

Sam L Bida

whose street address is (if applicable): 2160 Crawford St
situate in the City of ELY, County of Wheeler State of Nevada
bounded and described as follows: (set forth legal description)

AVIATION Mill Site #37587 Lot 2015 APN 09-011-57
Basis Lot #37588 Lot 2017 APN 09-011-57
Patent Mining Claims

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 this _____ day of _____, 20__.

Sam K Bida
Signature of Grantor

Sam K Bida
Signature of Grantor

Sam K Bida
Typed or Printed Name of Grantor

Sam K Bida
Typed or Printed Name of Grantor

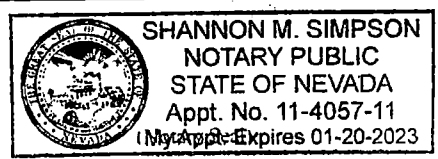
STATE OF: NEVADA _____)

COUNTY OF Lincoln _____)

WITNESS Grantor(s) hand this the 17th day of May, 2021.

This instrument was acknowledged before me on May 17, 2021,
Date

By Sam K Bida
(Person(s) appearing before Notary)



Shannon M. Simpson
(Notary Public)

01/20/2023
My Commission expires (Date)

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 009-011-57
 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 Patented Min. Agr. Claim

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

3. Total Value/Sales Price of Property

\$ 0
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 5
 b. Explain Reason for Exemption: FATHER TO SON

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 [Signature] Capacity GRANTOR
 Signature _____ Capacity _____

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

Print Name: Sam K Bida
 Address: 2166 Crawford St
 City: ELY
 State: NV Zip: 89301

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

Print Name: Sam L Bida
 Address: 2166 Crawford St
 City: ELY
 State: NV Zip: 89301

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____