

RPTT \_\_\_\_\_  
APN 5-261-02

### QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S) JACKIE L. HAMILTON

for and in consideration of NO DOLLARS & NO CENTS Dollars (\$0.00)  
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): TINA T BOWER OR  
LEE ANN HAMILTON GLASSBURN

whose street address is (if applicable): \_\_\_\_\_  
situate in the City of MT. WILSON County of LINCOLN State of Nevada bounded

and described as follows: (see also legal description)  
A PARCEL OF LAND SITUATED IN THE EAST HALF (E $\frac{1}{2}$ ) OF THE NORTHWEST  
QUARTER (NW  $\frac{1}{4}$ ) OF THE SOUTHWEST QUARTER (SW  $\frac{1}{4}$ ) OF THE SOUTHEAST  
QUARTER (SE  $\frac{1}{4}$ ) OF SECTION 34, TOWNSHIP 6 NORTH RINGE 67 EAST,  
MOUNT DIABLO BASE AND MERIDIAN, DESCRIBED AS FOLLOWS:  
PARCEL 2 OF THE AMENDED PARCEL MAP FOR RICHARD AND LOIS ALFANO  
RECORDED 2-11-88 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN  
COUNTY, NEVADA AS FILE NO. 88274, LINCOLN COUNTY NEVADA RECORDS

APN: 5-261-02

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 15TH day of AUGUST 2002

Jackie L. Hamilton  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

JACKIE L. HAMILTON  
Print or Type Name Here

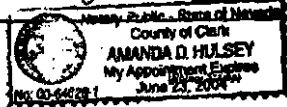
\_\_\_\_\_  
Print or Type Name Here

STATE OF NEVADA

COUNTY OF Lincoln

This instrument was acknowledged before me on 15th day of August, 2002 by Jackie L. Hamilton

Amanda D. Hulsey  
Notary Public  
My commission expires: June 23rd 2004



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: TINA T BOWER  
Address: P.O. BOX 14  
City/State/Zip: PICCHE, NV 89043

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AT THE REQUEST OF

Sackie L. Hawn; Hon

2002 OCT 10 PM 3 57

LINCOLN COUNTY RECORDER  
FEEBKS ON NORTH & DEP  
LESLIE BOUVIER RD

# State of Nevada Declaration of Value

1. Assessor Parcel Number(s)

- a) 5-264-02
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property

- |  |  |
|--|--|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Family Res. |
| c) <input type="checkbox"/> Condo/Townhouse        | d) <input type="checkbox"/> 2-4 Plex           |
| e) <input type="checkbox"/> Apartment Building     | f) <input type="checkbox"/> Commercial /Ind'l  |
| g) <input type="checkbox"/> Agriculture            | h) <input type="checkbox"/> Mobile Home        |
| i) <input type="checkbox"/> other _____            |  |

FOR RECORDERS OPTIONAL USE ONLY	
Document / Instrument #	<u>118140</u>
Book: <u>167</u>	Page: <u>407408</u>
Date of Recording:	<u>Oct. 10, 2003</u>
Notes:	

3. Total Value / Sales Price of Property \$ \_\_\_\_\_  
 Deed in Lieu Only (value of forgiven debt) \$ \_\_\_\_\_  
 Taxable Value \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, section: \_\_\_\_\_
- b. Explain Reason for Exemption: Transfer from father to daughter  
(children not included)

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 375.180, 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 1/2% per month. Pursuant to NRS 375.438, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature: [Signature] Capacity: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Print Name: Jackie L. Hummel  
 Address: P.O. Box 14  
 City: Pioche  
 State: NV Zip: 89043

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

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT BUYER OR SELLER)

Co. Name: \_\_\_\_\_ Sec. #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_