

Lincoln County

WHEN RECORDED MAIL DEED AND TAX NOTICE TO:

Albert Pete Delmus  
P.O. Box 457  
Pioche, Nevada 89043

Order No. Accommodation Only  
Tax Serial No.

Space Above This Line for Recorder's Use

**QUIT-CLAIM DEED**

Frank Joseph Delmus and Rose Marie Delmus, grantor(s), of Pioche, County of Lincoln, State of Nevada, hereby

**QUIT-CLAIM to**

Albert Pete Delmus and Marlene Delmus, Husband and Wife, as Joint Tenants with Full Rights of Survivorship, grantees(s) of Pioche, County of Lincoln, State of Nevada, for the sum of

**TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION**

the following described tract of land in LINCOLN County, State of NEVADA:

All of the South Half of the Northeast Quarter of the Southwest Quarter of Section 19, Township 5, North, Range 70 East, M.D.M.

*APN 5-271-07*

TOGETHER WITH all improvements and appurtenances thereunto belonging.

SUBJECT TO easements, rights of way, restrictions, and reservations of record and those enforceable in law and equity.

WITNESS the hand(s) of said grantor(s), this

*19<sup>th</sup> February 2003*  
day of ~~November~~, A. D. -2002-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Frank Delmus*  
\_\_\_\_\_  
Frank Joseph Delmus  
*Rose Marie Delmus*  
\_\_\_\_\_  
Rose Marie Delmus

**NOTARY**

STATE OF *Nevada*

County of *Lincoln*

On the *19<sup>th</sup>* day of *February*, A. D. -2002- personally appeared before me, Frank Joseph Delmus and Rose Marie Delmus, the signers(s) of the within instrument, who duly acknowledge to me that they executed the same.

*Dale Virginia Joyce*  
\_\_\_\_\_  
Notary Public

My Commission Expires: *Feb 2, 2005*

Notary Public residing at: *Lincoln County, Nevada*



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Lincoln County

COPY

119495

FILED FOR RECORDING  
AT THE REQUEST OF

*Marlene Delmire*

2003 FEB 19 AM 9 24

REC'D  
LESLIE BOURGHESE

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# State of Nevada Declaration of Value

1. Assessor Parcel Number(s)

- a) APN 5 271-07
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property

- |  |  |
|--|--|
| a) <input 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 checked="" type="checkbox"/> Agriculture | h) <input type="checkbox"/> Mobile Home        |
| i) <input type="checkbox"/> other                  |  |

FOR RECORDERS OPTIONAL USE ONLY	
Document / Instrument #	<u>119405</u>
Book	<u>170</u>
Page	<u>188-189</u>
Date of Recording	<u>Feb. 19 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: 3
- 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 375.090 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 disclosure 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.

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Print Name MARLENE DeLoux

Address PC 407

City Picche

State NV Zip 89043

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_