

APN: 004-131-02
Recording requested by and mail documents and tax statements to:

Name: Clark Witz
Address: 413 Loring St
City/State/Zip: Las Vegas NV 89107

DED104mk
Nevada Legal Forms & Books, Inc. (702) 870-8977
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FILED FOR RECORDING
AT THE REQUEST OF
Clark Witz
2005 SEP 12 PM 1 17
LINCOLN COUNTY RECORDER
FEE 15.00 DEP ca
LESLIE BOUCHER

RPTT: _____

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): DELLA M. ROBBINS (WITZ)

for and in consideration of ZERO Dollars (\$ 0.00)

do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all tha: real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): _____

Clark Witz (Clark Witz) Dated

all that real property situated in the City of Alamo

County of Lincoln, State of Nevada

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

Commonly known as, (#2 Danielle LN)
Alamo NV 89001

Legal description
Lot 2 Alamo South Subdivision
tract #1 Unit #1

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 18th day of August 2005.

Della M. Robbins (Witz)
Signature of Grantor

Signature of Grantor

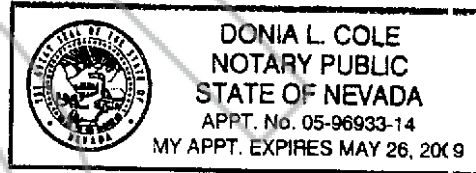
DELLA M. ROBBINS (WITZ)
Print or Type Name Here

Print or Type Name Here

STATE OF Nevada
COUNTY OF Nye
On this 18th day of August, 2005, personally appeared
before me, a Notary Public, Della M. Robbins

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.

Donia L. Cole
Notary Public



My commission expires: MAY 26, 2009
Consult an attorney if you doubt this forms fitness for your purpose.

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number (s)

- a) 004-131-02
- 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
- i) Other _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument #: 175182
 Book 206 Page 180-181
 Date of Recording: 9/17/05
 Notes: _____

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

4. IF EXEMPTION CLAIMED:

- a. Transfer Tax Exemption per NRS 375.090, Section 6
- b. Explain Reason for Exemption: Transfer between former spouses in compliance with a divorce

5. Partial Interest: Percentage being transferred: 50 %

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 Clock Witz Capacity Grantee
 Signature Jillann Robbins (wif) Capacity Grantor

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

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

Print name: DELLA M. ROBBINS
 Address: 4065 Box 109
 City: RIOSTON
 State: NEVADA Zip: 89561

Print name: Clock Witz (Clock WITZ)
 Address: 4136 Carnegie St
 City: Las Vegas
 State: NV Zip: 89107

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)