

127096

FILED FOR RECORDING
AT THE REQUEST OF

E.K. Matthews

2006 AUG 17 PM 4 35

LINCOLN COUNTY RECORDER
FEE \$15.00 DEP
LESLIE BOUCHER WCB

APN 010-182-08

APN _____

APN _____

QUIT CLAIM DEED

Title of Document

Grantees address and mail tax statement:

ELAINE K. MATTHEWS

4461 El Oro Street

Las Vegas, NV 89121

BOOK 221 PAGE 01

A.P.N. #	010-182-08
R.P.T.T.	\$0.00
Escrow No.	Does Not Apply
Recording Requested By:	
Elaine K. Matthews	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Elaine K. Matthews	
4461 El Oro Street	
Las Vegas, NV 89121	

QUITCLAIM DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **Michelle D. Matthews, Grantor**

hereby do/does REMISE, RELEASE AND FOREVER **QUITCLAIM** to **Elaine K. Matthews, Grantee** the following described real property situated in the County of Lincoln, State of Nevada:

Lot 25 in Sunset Acres Tract #3 APN 010-182-08
 Located on Sagebrush Way in Rachel, NV 89001

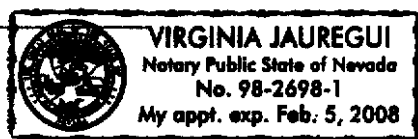
Dated: 8-15-06

Michelle D. Matthews
 Michelle D. Matthews

State of Nevada }
 } ss
 County of Clark }

This instrument was acknowledged before me on August 15, 2006
 by: Michelle D. Matthews

Signature: Virginia Jauregui
 Notary Public



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 010-182-08
 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'/Ind'l
 g) Agricultural h) Mobile Home
 Other land w/ 1972 mobile home (personal property only)

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FOR RECORDER'S OPTIONAL USE ONLY	
Book: <u>221</u>	Page: <u>01-02</u>
Date of Recording: _____	
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 05
 b. Explain Reason for Exemption: Real property transfer from Daughter to Mother

5. Partial Interest: Percentage being transferred: 100 %
 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: Michelle D. Matthews Capacity: GRANTOR
 Signature: Elaine K. Matthews Capacity: Grantee

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Print Name: Michelle D. Matthews
 Address: 2600 S. TOWN CENTER #2145
 City: LAS VEGAS
 State: NV Zip: 89135

BUYER (GRANTEE) INFORMATION
 (REQUIRED)
 Print Name: ELAINE K. MATTHEWS
 Address: 4461 EL ORO STREET
 City: LAS VEGAS
 State: NV Zip: 89121

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