

127507
127508

FILED FOR RECORDING
AT THE REQUEST OF

Ronald Elrod

2006 SEP 29 PM 3 48

LINCOLN COUNTY RECORDER
FEE \$15.00 NPT DEP
LESLIE BOUCHER

APN: _____
Recording requested by and mail documents and
tax statements to:

Name:

Address:

City/State/Zip:

DED104mk
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

RPTT: _____

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): PORTER, Frank C Jr & Sandra L

for and in consideration of Fifty Thousand and----no/ Dollars (\$ 50,000.00)

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): _____

Elrod Family Trust, February 19, 2002

all that real property situated in the City of Pioche

County of Lincoln, State of Nevada

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

Parcel #001-341-27
PARC 32 VINCENT MAP B-192
PIOCHE TOWN

**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 28 day of Sept 2006

20



Signature of Grantor

Frank C Porter Jr
Print or Type Name Here



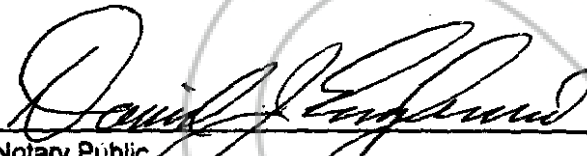
Signature of Grantor

Sandra L Porter
Print or Type Name Here

STATE OF
COUNTY OF

On this 28 day of Sept, 2006, personally appeared
before me, a Notary Public, Frank C Porter Jr and Sandra L Porter

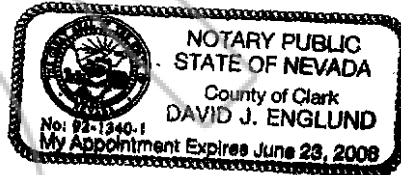
personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.



Notary Public

My commission expires: _____

Consult an attorney if you doubt this forms fitness for your purpose.



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number (s)

- a) Parcel #001-341-27
- 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 #:	<u>127508</u>
Book <u>223</u>	Page <u>241-242</u>
Date of Recording:	<u>Sept 29, 2006</u>
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 _____

\$ 50,000

 \$ _____
 \$ 195.00

4. IF EXEMPTION CLAIMED:

- a. Transfer Tax Exemption per NRS 375.090, Section _____
- b. Explain Reason for Exemption: _____

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 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: _____
 Signature: Ronald A. Elrod Capacity: _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 PORTER
 Print name: Frank C Jr & Sandra
 Address: 4631 Sun Valley Drive
 City: Las Vegas
 State: Nevada Zip: 89121

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print name: Elrod Family Trust, Feb 19, 02
 Address: 1530 Managua Drive
 City: Las Vegas
 State: Nevada Zip: 89123

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)