Lincoln County - NV APN 010-/62-06 Leslie Boucher Fee: \$41.00 RPTT: \$31.20 Book- 227 Page- 0684 APN APN Quit Chim Deel **Title of Document Affirmation Statement** I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030) I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by (State specific law) Signature Title ROBERT Signature 1-8-0-Grantees address and mail tax statement: Veg/13 NU 8903/

DOC # 0128178

Record

- Recorder

Page 1 of 3 Recorded By: AE

Official

Recording requested By ROBERT MAYO

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Above Space Reserved for Recording [If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Date of this Document: <u>Jan. 8</u> 2007
Reference Number of Any Related Documents:
Grantor: Name Jay Mount Day Street Address Her 61- Box 33
City/State/Zip ALawo, NV 8900/ Grantee:
Name Robert Mayo & MERLINGA MAYO Street Address 1412 Council Bluff LANF City/State/Zip N. LAS VEGAS NV 89031
Abbreviated Legal Description (i.e., lot, block, plat <i>or</i> section, township, range, quarter/quarter <i>or</i> unit, building and condo name): ユョフィム Sunrise Aeres
Assessor's Property Tax Parcel/Account Number(s): 010-162-04
THIS QUITCLAIM DEED, executed this day of Jan. 20 0 7, by first party, Grantor, Jan Day Mose mailing address is HCR (61-By 3B Alandow NV) & 900 1, to second party, Grantee, Robert Mayo whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner NV & 900 1, to whose mailing address is 1612. Counce: LBluff Inner

thereto in the County of Linasian State of Nevada IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed and delivered in the presence of: Signature of Witness Print Name of Witness Print Name of Witness Signature of Grantor Print Name of Grantor Print Name of Grantor State of Nevada County of Linasian Den Day Christine Pelesson personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal. Allow Alloward
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Type of ID
(Seal)
My Appt. Expires Oct. 10, 2010
F1-196801-90 von triemfrioddy
Notein Public, State of Nevade

State of Nevada Declaration of Value

DOC # DV- 128178

01/08/2007

01:39 PM

Official Record

1. Assessor Parcel Number(s)	ROBERT MAYO
a) <u>010-162-06</u> b)	Lincoln County - NV
b)	Leslie Boucher - Recorder
c)	Page 1 of 1 Fee \$41.00
d)	Recorded By: AE RPTT: \$31.20
/	Book - 227 Page - 0694
2. Type of Property	FOR RECORDERS OF HUNAL USE ONL
	Family Res. Document / Instrument #
c) Condo/Townhouse d) 2-4 Ple	
	ercial /Ind'1 Date of Recording:
g) Agriculture h) Mobile	Notes:
i) other	
3. Total Value / Sales Price of Property	. # 7995.00
	4 //1
Deed In Lieu Only (value of forgiven debt)	
Taxable Value	3 71 -
Real Property Transfer Tax Due:	\$ 31.20
4. If Exemption Claimed:	
a. Transfer Tax Exemption, per NRS 375.090, sec	ction:
b. Explain Reason for Exemption:	
	\ \ \ \ /
5. Partial Interest: Percentage being transferred:	%
	bwledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, belief, and can be supported by documentation if called upon to substantiate the
	ce 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 ½% per month. Pursuant to additional amount owed.	NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any
addioust smooth owed.	\ \
Signature	Capacity
Signature Ayo	Capacity
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
	DUTER (GRANTED) INFORMATION
CALL MANY T DAY	Print Name RoBert MAYO
rint Name FAY MOUNT DAY	
Address HCR'61 Box33	Address 1612 COUNCIL BLUFF LN
City Aramo	City North LAS VegAS
State NV Zip K900/	State NV Zip 8903/
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COMPANY/PERSON REQUESTING REG	CORDING (REQUIRED IF NOT BUYER OR SELLER)
To Many	T #
Co. Name	Esc. #
City	State: Zip

(As a public record, this form may be recorded / microfilmed)