APN\_013-042-11 APN\_20t 51452 HKS APN \_\_\_\_\_

**#** 0128602

Record

Recording requested By PATTY SUE COTTINGIM

Lincoln County - NV – Recorder Leslie Boucher

Fee: \$40.00

Page 1 of 2 Recorded By: LB

Book- 230 Page- 0005



## 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 law:

(State specific law)

Signature

Grantees address and mail tax statement:

Patty Sue Cottingin PO Box 220 Amargosa Valley, NV 89020

03/27/2007

APN 013-042-11

# **QUITCLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S)	Edward Das Amet
for and in consideration of	
do hereby QUITCLAIM the right, title and interest, if any, wh	nich GRANTOR may have in all that real property, the receipt of
which is hereby acknowledged, to the GRANTEE(S): 101	Y SUC COTTINGIM MWS49
LOTS 51452 HK	Ś \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
whose street address is (if applicable):	
situate in the City of	, County of, State of Nevada bounded
and described as follows: (Set forth legal description)	
1 OTS FIFTY-ONE(SI) AM	OFIFTY two (52) IN THE
Highland Knows SUBDIVISI	m, Lincours Comot, NevADA,
BEING A SUBDIVISION OF	HE NORTH HALF (NIN) OF
	Th, Range 67 EAST, M.D.B &M
	enances thereunto belonging or in any way appertaining to.
In Witness Whereof, I/We have hereunto set my hand/our h	nands on 13 day of SEPTEMBEE, 20 06.
Edward Lee Damett	
Signature of Grantor	Signature of Grantor
Edward Dec GARRETT	
Print or Type Name Here	Print or Type Name Here
STATE OF NEVADA )	
countrof Lincoln }	
This instrument was acknowledged before me on 1 before notery public. Ed WOW of Dee GALLEH	5th day of September, 2006, by (person(s) appearing
Decoration of the contract of	RESECCA HILL
Kebecaa Hell	Notary Public, State of Nevada Appointment No. 08-105993-1
Notary Public Tung 9 2010	(Notary Stamp) My Appt. Expires June 8, 2010
My commission expires June 8, 2010	
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	THIS SPACE FOR RECORDERS USE ONLY
Name: PATH SHE COTTINGIM	
Address: Box 220	
City/State/Zip: AMARGOSA Valley, 14V	
89020	
DED104 Nevada Legal Forms and Books, Inc. (702) 870-8977 3901 West Charleston Boulevard Las Vegas, NV 89102	
www.legalformsrus.com @ 2000 Consult an attorney if you doubt this forms fitness for your purpose.	

# DOC # DV-128602 03/27/2007 12:14 PM Official Record

DECLARATION OF VALUE	Recording requested By
1. Assessor Parcel Number(s)	FOR RECORDER'S C
a) 013-042-1/	Decument/Instrument
b) La7551152 +455 Subdivism -	Book  Leslie Boucher - Recorder
XMain Cann-Nurith 1/2 of	Page 1 of 1 Fee: \$40.00 Date of Recording: Recorded By: LB RPTT:
	Notes:
d) Section 3 - Tourship 35 th	
2. Type of Property Runge 6 7Eus 111 BB1	
	Family Residence
c) Condo/Twnhse d) 2-4 Pl	
	nercial/Industrial
	e Home
i) Other	
3. Total Value/Sales Price of Property	
Deed in Lieu of Foreclosure Only (Value of Pro	perty) ( )
Transfer Tax Value	
Real Property Transfer Tax Due:	\ <del>-/-/</del>
4. If Exemption Claimed:	
a. Transfer Tax Exemption, per NRS 375.090	
<ul><li>b. Explain Reason for Exemption:</li><li>5. Partial Interest: Percentage being transferred:</li></ul>	LATERFAMILY TRUNSFER Sonto Merher
5. I amai interest. Tercentage being transferred.	<u> </u>
75.110, that the information provided is correct to the by documentation if called upon to substantiate the information of any claimed exemption or other determination of aduce plus interest at 1% per month.  Pursuant to NRS 375.030, the Buyer and Seller shall need.	penalty of perjury, pursuant to NRS 375.060 and NRS best of their information and belief, and can be supported formation provided herein. Furthermore, the disallowance ditional tax due, may result in a penalty of 10% of the tax be jointly and severally liable for any additional amount
Signature: Column Rose e	Scouelt Capacity: Grantor
Signature: Left Sin Col	Capacity: Grantee
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
Print Name: Edward Vie Gurve IT	Print Name: +914 Sie Cottingin
Address: Box 220	Address: Box 220
City/State/Zip /mulloQsAValley, NV	Print Name: FG/Y SIE COTTINGING Address: Bgx 220 City/State/Zip HMURIOGA Valley, SOMO
COMPANY/PERSON REQUESTING REC	ORDING (required if not the Seller or Buyer)
Company Name:	Escrow No
Address:	
O'L.	D