

Official Record

Recording requested By
MICHAEL W. FENNER

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2
RPTT Recorded By: AE
Book- 240 Page- 0660



0131399

APN: 006-041-78
Recording requested by and mail documents and
tax statements to:

Name: MICHAEL W. FENNER

Address: 700 RIVENBARK CT.

City/State/Zip: LAS VEGAS, NV 89145

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

RPTT: 6

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): MICHAEL W FENNER +
DIANNE M. FENNER

for and in consideration of TEN DOLLARS Dollars (\$ 10⁰⁰/₁₀₀)

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):

MICHAEL W. FENNER

all that real property situated in the City of MT. WILSON

County of LINCOLN State of NEVADA

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

MT, WILSON

THE SOUTHWEST QUARTER (SW¹/₄) OF U.S.
GOVERNMENT LOT NUMBERED FIVE (5) IN
SECTION 2, TOWNSHIP 4 NORTH, RANGE
67 EAST, M. D. B. + M.

**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 8 day of APRIL 2008.

Michael W. Fenner
Signature of Grantor

Dianne M. Fenner
Signature of Grantor


MICHAEL W FENNER
Print or Type Name Here

DIANNE M. FENNER
Print or Type Name Here

STATE OF Nevada
COUNTY OF Clark
On this 8th day of April, 2008, personally appeared before me, a Notary Public, Michael W. Fenner and Dianne M. Fenner

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.

Emily Stevens
Notary Public
My commission expires: 1/13/12
Consult an attorney if you doubt this forms fitness for your purpose.



STATE OF NEVADA
DECLARATION OF VALUE

Recording requested By
MICHAEL W. FENNER

1. Assessor Parcel Number (s)

- a) 006-041-78
- b) _____
- c) _____
- d) _____

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FOR RECORD

Document/Instrument #: _____
 Book _____ Page _____
 Date of Recording: _____
 Notes: _____

2. Type of Property:

- a) Vacant Land
- b) Single Fam. Res.
- b) Condo/Twnhse
- d) 2/4 Plex
- e) Apt. Bldg
- f) Comm/Ind'l
- g) Agricultural
- h) Mobile Home
- i) Other _____

3. Total Value/Sales Price of Property
Deed in Lieu of Foreclosure Only (value of property)

\$ 0.00
 (0.00)
 \$ 0.00
 \$ 0.00

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 DIVORCE DECREE

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 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 Michael W. Fenner Capacity GRANTEE
 Signature Dianne M. Fenner Capacity GRANTOR

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print name: DIANNE FENNER
 Address: 105 GOLF ST.
 City: LAS VEGAS
 State: NEVADA Zip: 89145

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print name: MICHAEL FENNER
 Address: 700 RIVENBARK CT.
 City: LAS VEGAS NV
 State: NEVADA Zip: 89145

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow# _____
 Address: _____
 City: _____ State: _____ Zip: _____