

Official Record

Recording requested By  
MARY LOVE-ISOM

Lincoln County - NV  
Leslie Boucher - Recorder

Fee \$15.00 Page 1 of 2  
RPTT: Recorded By: DP  
Book- 248 Page- 0156



0133659

### QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 17 day of April, 2009, by the Grantor, Barry C. Isom whose mailing address is P.O. Box 428, Panaca, NV 89042 to the Grantee, Barry C. Isom and Mary Love-Isom whose mailing address is P.O. Box 428, Panaca, NV 89042.

WITNESSETH, That the said Grantor, for good consideration and for the sum of \$10.00 paid by the said Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lincoln, State of Nevada, to wit:

Water Rights pertaining to Application 78100 to include all base rights pertaining to Permit No. 22576, Certificate 7597

IN WITNESS WHEREOF, The said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

Witness

*Mary Love - Isom*  
*Barry C. Isom*  
Grantee *Barry C. Isom* *Mary Love - Isom*

Witness

*Barry C. Isom*  
Grantor  
*Barry C. Isom*

STATE OF NEVADA }  
COUNTY OF LINCOLN }

On *April 17, 2009*  
*Barry C. Isom*

before me, *Mary Love Isom*, personally appeared  
, 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.



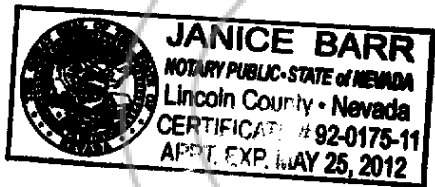
WITNESS my hand and official seal.

Janice Barr  
Signature

Affiant:      Known       Unknown

ID Produced: \_\_\_\_\_

[Seal]



# State of Nevada Declaration of Value

DOC # DV-133659  
04/17/2009 08:44 AM  
Official Record

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Page 1 of 1 Fee: \$15.00  
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### FOR RECORDERS OPTIONAL USE ONLY

Document / Instrument # \_\_\_\_\_  
Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Date of Recording: \_\_\_\_\_  
Notes: \_\_\_\_\_

1. Assessor Parcel Number(s)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property

- a)  Vacant Land
- b)  Single Family Res.
- c)  Condo/Townhouse
- d)  2-4 Plex
- e)  Apartment Building
- f)  Commercial /Ind'l
- g)  Agriculture
- h)  Mobile Home
- i)  other water rights

3. Total Value / Sales Price of Property

Deed In Lieu Only (value of forgiven debt) \$ \_\_\_\_\_  
Taxable Value \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, section: #5
- b. Explain Reason for Exemption: Husband to Husband & wife

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned Seller (Grantor)/Buyer (Grantee), 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 1/4% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Mary Love- Isom Capacity agent for Barry C. Isom

Signature Mary Love- Isom Capacity \_\_\_\_\_

#### SELLER (GRANTOR) INFORMATION

#### BUYER (GRANTEE) INFORMATION

Print Name BARRY C. Isom  
Address P.O. Box 428  
City Panaca  
State NV Zip 8904

Print Name BARRY C. Isom - Mary Love - Isom  
Address P.O. Box 428  
City Panaca  
State NV Zip 89042

#### COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT BUYER OR SELLER)

Co. Name \_\_\_\_\_ Esc. # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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