



APN: 001-121-04  
When recorded, mail to:  
Louis J. Caserotti, Jr  
Judy A. Caserotti

Mail Tax Statements to:  
P.O. Box 121  
Pioche, NEV 89043

**QUIT CLAIM DEED**

THIS INDENTURE WITNESSETH: That Louis J. Caserotti & Judy A. Caserotti,  
in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged,  
do(es) hereby remise, release, and forever quitclaim to Louis J. & Judy A. Caserotti & Louis  
J. Caserotti 3<sup>rd</sup> & Walter Ron Caserotti as joint tenants, all  
that real property situated in the town of Pioche, County of Lincoln, State  
of Nevada, more particularly described as follows: (Insert legal description and the  
commonly known address in the space provided.) lots twelve (12) Thirteen (13)  
fourteen (14) and in Block twenty four (24) in the town of Pioche, Nevada  
Excepting therefrom that portion of said lots conveyed to the  
State of Nevada Dated October 27, 1923, Recorded November 9, 1923  
And Dated December 1, 1923, Recorded December 20, 1923 in  
Book "C-1", pages 63 and 72.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances  
thereunto belonging or in anywise appertaining.

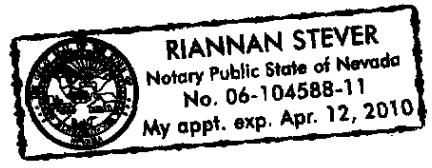
WITNESSETH her hand(s) this 25<sup>th</sup> day of June, 2009.

Louis J. Caserotti Jr  
Signature of Grantor  
Judy A. Caserotti  
Signature of Grantor  
Judy A. Caserotti  
Judy A. Caserotti

STATE OF NEVADA )  
  ) ss.  
COUNTY OF LINCOLN )

This instrument was acknowledged before me  
this 25<sup>th</sup> day of June, 2009.

Riann Stever  
NOTARY PUBLIC



# State of Nevada Declaration of Value

**DOC # DV-133900**  
06/25/2009 10:24 AM  
**Official Record**

Recording requested By  
JUDY CASSEROTTI

**Lincoln County - NV**  
**Leslie Boucher - Recorder**

Page 1 of 1 Fee: \$14.00  
Recorded By: AE RPTT:  
Book- 249 Page- 0071

1. Assessor Parcel Number(s)  
a) 001-121-04  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

2. Type of Property
- |  |  |
|--|--|
| a) <input type="checkbox"/> Vacant Land        | b) <input type="checkbox"/> Single Family Res.     |
| c) <input type="checkbox"/> Condo/Townhouse    | d) <input type="checkbox"/> 2-4 Plex               |
| e) <input type="checkbox"/> Apartment Building | f) <input type="checkbox"/> Commercial /Ind'l      |
| g) <input type="checkbox"/> Agriculture        | h) <input checked="" type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> other _____        |  |

FOR RECORDERS OPTIONAL USE ONLY	
Document / Instrument #	_____
Book: _____	Page: _____
Date of Recording:	_____
Notes:	<u>valid exemption ex</u>

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: TRANSFERRING TO STEPSONS FROM  
Stepmother & FATHER OF SONS

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 Judy A. Casserotti Capacity Seller  
\* Signature Judy A. Casserotti Capacity Buyer

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

Print Name Louis J. Casserotti JR  
Address P.O. Box 121  
City Pioche  
State NEVADA Zip 89043

Print Name Louis Casserotti JR  
Address P.O. Box 121  
City Pioche  
State NEVADA Zip 89043

**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)