

Official Record

Recording requested By
THOMAS JOHN TALBOT

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$40.00 Page 1 of 2
RPTT: Recorded By: LB
Book- 251 Page- 0145



This document prepared by)
(and after recording please return to:)
Name: Daniel M. Hooge, Esq.)
Address: P.O. Box 532)
City, State, Zip: Caliente, NV 89008)
Phone: 775-962-2665)
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Assessor's Parcel No. = 001-034-08

QUITCLAIM DEED
(50% Interest)

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, **Jean M. Hemmings**, hereinafter referred to as "Grantor", does hereby quitclaim unto **Thomas John Talbot**, hereinafter "Grantee", all the rights, title, and interest in and to the following lands and property, together with all improvements located thereon, lying in the County of Lincoln, State of Nevada, to-wit:

A FIFTY PERCENT (50%) INTEREST IN

Lots 24, 25, 26, 27, and 28 in Block 41 of the Town of Pioche, as shown by map thereof recorded in Book 71, Page 433 in the office of the county recorder of Lincoln County, Nevada, and Assessor's Parcel Number 001-034-08.

Prior instrument reference: Book 77, Page 178, Document No. 87790, of the Recorder of Lincoln County, Nevada.

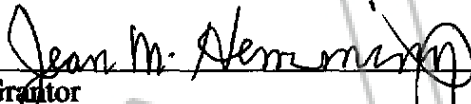
SUBJECT to all easements, rights-of-way, protective covenants, and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantees, and unto Grantees' assigns forever, with all appurtenances thereunto belonging.

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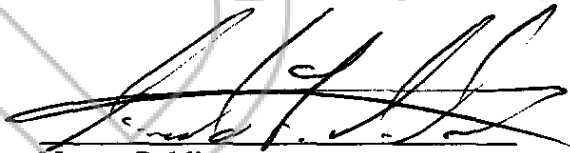
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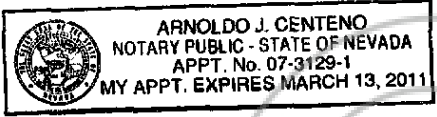
WITNESS Grantor(s) hand(s) this the ____ day of August 2009.


Grantor
Jean M. Hemmings

STATE OF NEVADA)
) :ss
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this the 19 day of August 2009 by
Jean M. Hemmings.


Notary Public



Printed Name: Arnoldo J. Centeno

My Commission Expires:
March 13, 2011

Grantor Name, Address, phone:
Jean M. Hemmings
P.O. Box 541
Pioche, NV 89043
(775) 962-5268

Grantees Name, Address, phone:
Thomas John Talbot
7529 Silver Leaf Way
Las Vegas, NV 89147
(702) 873-7980

PLEASE SEND TAX STATEMENTS TO GRANTEE

State of Nevada Declaration of Value

DOC # DV-134290

09/22/2009 10:54 AM

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Page 1 of 1 Fee: \$40.00

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FOR RECORDERS OFFICIAL USE ONLY

Document / Instrument # _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

1. Assessor Parcel Number(s)

- a) 001-034-08
- 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 _____

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: MOTHER IN LAW TO THOMAS J TALBOT
SON IN LAW

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 Jean Hummings Capacity AGENT

Signature Thomas J Talbot Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Print Name Jean Hummings
Address 7529 Silver Leaf Way
City Las Vegas
State NV Zip 89147

Print Name Thomas J Talbot
Address 7529 Silver Leaf Way
City Las Vegas
State NV Zip 89147

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)