



0138151

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[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Date of this Document: 3-29-11

Reference Number of Any Related Documents: Ln # 0082250994

Grantor:

Name Robert K Lamb
Street Address 502 Ranch Rd
City/State/Zip Alamo NV 89001

Grantee:

Name Julie M. Lamb
Street Address 502 Ranch Rd
City/State/Zip Alamo NV 89001

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Parcel 1 of Peterson Map Sec 8, T-7S, R-61E, M0B+M

Assessor's Property Tax Parcel/Account Number(s): 008-031-60

THIS QUITCLAIM DEED, executed this 29th day of March, 2011, by first party, Grantor, Robert K Lamb, whose mailing address is P.O. Box 631 Caliente NV 89008, to second party, Grantee, Julie M. Lamb, whose mailing address is P.O. Box 436 Alamo NV 89001.

WITNESSETH that the said first party, for good consideration and for the sum of _____ Dollars (\$ 2000) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,



which the said first party 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: _____

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____
Print Name of Witness _____

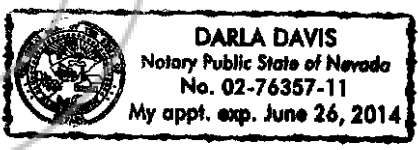
Signature of Witness _____
Print Name of Witness _____

Signature of Grantor *Robert K. Lamb*
Print Name of Grantor ROBERT K. LAMB

State of Nevada
County of Lincoln

On March 29, 2011, before me, Robert K. Lamb,
appeared in person, 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.
Darla Davis
Signature of Notary



Affiant Known _____ Produced ID
Type of ID _____
(Seal)

State of Nevada Declaration of Value

DOC # DV-138151
04/19/2011 02:33 PM
Official Record

Recording requested By
JULIE LAMB

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$40.00
Recorded By: AE RPTT:
Book- 263 Page- 0213

1. Assessor Parcel Number(s)

- a) 00803160
- 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 _____

FOR RECORDERS OPTIONAL USE ONLY

Document / Instrument # _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

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 is deeding property to me (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 1/2% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____ Capacity _____

Signature Julie M Lamb Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Print Name Robert K. Lamb
Address P.O. Box 4631
City Caliente
State NV Zip 89008

Print Name Julie Lamb
Address P.O. Box 436
City Alamo
State NV Zip 89001

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

Co. Name _____ Esc. # _____
Address _____
City _____ State: _____ Zip _____