

Official Record

Recording requested By
LYTLE LIVING TRUST

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$14.00 Page 1 of 1

RPTT. Recorded By: AE

Book- 266 Page- 0692



0139506

Recording requested by
(and after recording mail to):

Noel Lytle
2585 Eastmoor Drive
Santa Rosa, CA 95405

Mail tax statements to:

Noel Lytle
2585 Eastmoor Drive
Santa Rosa, CA 95405

ASSESSOR PARCEL NUMBER: 006-281-20

QUITCLAIM DEED

Notice: This is not a sale of property. Change in title of ownership only.

KNOW ALL MEN BY THESE PRESENTS THAT: The F. Wayne Lytle Revocable Living Trust, F. Wayne Lytle, Trustor and/or Trustee, party of the first part, hereby **REMISE, RELEASE, AND FOREVER QUITCLAIM** to the Lytle Living Trust, Noel J Lytle and Anita Lytle trustees and trustors, parties of the second part

The following described real property, including all improvements, in the County of Lincoln, State of Nevada:

Parcel of land in SW1/4, SE1/4, Sec 16, T 1N, R 69E, M. D. M. further described as follows: Lot #4 of Parcel Map Doc # 0139198 found in Plat Book D, page 49, Lincoln County Recorder.

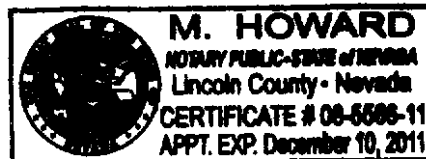
DATED this 13 day of Sept, 2011, and witnessed as provided herein.

Signature unavailable, DECEASED June 24, 1993
F. Wayne Lytle

Farrel W. Lytle
Farrel W. Lytle, successor trustee of F. Wayne Lytle Revocable Living Trust

State of Nevada, County of Lincoln ss.
On this the 13 day of Sept, 2011,
Before me, the undersigned Notary Public, personally appeared Farrel W. Lytle personally known to me, to be the person whose name is subscribed to in this instrument, and acknowledged the same freely and voluntarily and for the uses and purposes therein mentioned.
Witness my hand and official seal.

NOTARY SEAL:



M. Howard
Notary's Signature

State of Nevada Declaration of Value

DOC # DV-139506
09/20/2011 01:27 PM
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LYTLE LIVING TRUST

1. Assessor Parcel Number(s)
a) 006-281-20
b) _____
c) _____
d) _____

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Page 1 of 1 Fee: \$14.00
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FOR RECORDERS OPTIONAL USE ONLY

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

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 type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> 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: Exemption #7
b. Explain Reason for Exemption: Transferring from a trust without consideration

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 [Signature] Capacity Successor trustee to F. Wayne Lytle
Farrel W. Lytle Capacity Revocable Living Trust

SELLER (GRANTOR) INFORMATION

Print Name F. Wayne Lytle Revocable Living Trust
Address HC 74 No. 236
City Pioche
State NV Zip 89043

BUYER (GRANTEE) INFORMATION

Print Name Lytle Living Trust, Noel J Lytle and
Address Anita Lytle trustees and trustors
City 2585 Eastmoor Drive, Santa Rosa
State CA Zip 95405

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)