

Official Record

Recording requested By
JOHN S. COLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT: \$11.70

Recorded By: AE

Book- 276

Page- 0678



QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 10th day of February, 2012, by the Grantor(s),

William F. Lynch
1026 Dwight Way
Dayton, NV 89403

to the Grantee(s),
John S. Cole
145 W Comstock
Pioche, NV 89043

WITNESSETH, That the said Grantor, for
\$3,000.00 Three Thousand Dollars

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 Lincoln County State of Nevada

to wit:

Lots numbered 2 and 3 in Block 3 of the original Townsite of Pioche, Nevada as delineated and described on the official plat of the town of Pioche, Nevada on file in the office of the County Recorder of Lincoln County Nevada .

Commonly known as 247 Hoffman Street; Pioche Nevada County of Lincoln, Nevada.

APN #001-087-02



0142744

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Commonly known as: 247 Hoffman Street; Pioche, Lincoln County, Nevada.
Parcel Identification: 001-087-02

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:

Signature *William F Lynch*
Print Name: William F Lynch
Capacity: Grantor

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name: _____
Capacity: _____

Document prepared by:
Melba Lynch
1026 Dwight Way
Dayton, NV 89403

When recorded mail this deed and tax statements to:
John S Cole
P O Box 385
Pioche, NV 89043

STATE OF NEVADA }
COUNTY OF LYON }

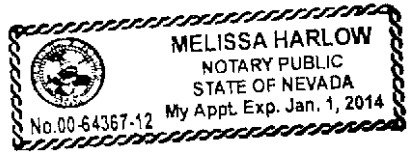
On February 10, 2012 before me, MELISSA HARLOW, personally appeared
~~AND~~ WILLIAM F. LYNCH ***

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. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Melissa Harlow*

[Seal]



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STATE OF NEVADA
DECLARATION OF VALUE FORM

- Assessor Parcel Number(s)
 - 001-087-c2
 -
 -
 -

- Type of Property:

a) <input checked="" type="checkbox"/> Vacant Land	b) <input type="checkbox"/> Single Fam. Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
<input type="checkbox"/> Other	

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

- Total Value/Sales Price of Property \$ 3,000
 Deed in Lieu of Foreclosure Only (value of property) ()
 Transfer Tax Value: \$
 Real Property Transfer Tax Due \$ 11.70

4. If Exemption Claimed:

- Transfer Tax Exemption per NRS 375.090, Section _____
- Explain Reason for Exemption: _____

- Partial Interest: Percentage being transferred: _____ %

The undersigned 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% 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 *John S. Cole* Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: *William F. Lynch*
 Address: *1026 Dought way*
 City: *Dayton*
 State: *NV* Zip: *89043*

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: *John S. Cole*
 Address: *142 Comstock St. Box 385*
 City: *Poeche*
 State: *NV* Zip: *89043*

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____