DOC # 0142830

03/13/2013   10:49 AM

Official Record
Recording requested By
STELLA ZABRISKIE

Lincoln County - NV
Leslie Boucher   - Recorder
Fee: $14.00   Page 1 of 1
RPTT: Recorded By: AE
Book- 277 Page- 0218

0142830

After recording please return to:

Name: _Stella Zabriskie_

Address: _HC 34 Box 111_

City, State, Zip: _Caliente NV 89008_

Phone: _775-726-3573_

Assessor's Parcel Number _13-020-28_

----Above This Line Reserved For Official Use Only-----

QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That _TERRI LYNN ZABRISKIE_ , in consideration of TEN DOLLARS ($10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to _STELLA ZABRISKIE_ as _____, all that real property situated in the town of _Caliente_, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

Parcel 1A of the Lee & Stella Zabriskie subsequent Paul Map of Parcel 1 Plat Book B page 10 Recorded in Book C Page 196 of the Lincoln County Recorders file No. 126356.

Together with all tenements, hereditaments & appurtenances including easements & water rights, if any, Thereto belonging or appertaining & any reversion remainders, rents, issues or profits there of

Commonly known as _915 Hwy 93 Caliente NV. 89008_

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

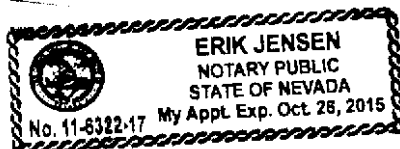WITNESS ___ hand(s) this ___ day of _____, 2013.

Terri Zabriskie

Signature of Grantor
TERRI ZABRISKIE

Signature of Grantor

STATE OF NEVADA   )
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this _17_ day of _January_, 2013 by *_Terry Lynn Zabriskie_ * and

_____

[signature]

NOTARY PUBLIC

ERIK JENSEN
NOTARY PUBLIC
STATE OF NEVADA
My Appt. Exp. Oct 26, 2015
No. 11-6322-17

DOC # DV-142830
03/13/2013   10:49 AM
Official Record

Recording requested By
STELLA ZABRISKIE

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 1   Fee: $14.00
Recorded By: AE   RPTT:
Book- 277 **Page-** 0218

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

    a) _13-020-28_

    b) _____

    c) _____

    d) _____

2. Type of Property:

    a) [ ] Vacant Land   b) [ ] Single Fam. Res.
    c) [ ] Condo/Twnhse   d) [ ] 2-4 Plex
    e) [ ] Apt. Bldg   f) [ ] Comm'l/Ind'l
    g) [ ] Agricultural   h) [X] Mobile Home
       [ ] Other

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

3. Total Value/Sales Price of Property $ _____
   Deed in Lieu of Foreclosure Only (value of property) (_____)
   Transfer Tax 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: _Transfering from Daughter-in-law to Mother-in-law._

5. 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 _Stella Zabriskie_   Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	**BUYER (GRANTEE) INFORMATION (REQUIRED)**
Print Name: _TERRI ZABRISKIE_	Print Name: _Stella Zabriskie_
Address: _650 Mile Rt._	Address: _HC 34 B# 111_
City: _Ely_	City: _Caliente_
State: _NV_ Zip: _84301_	State: _NV_ Zip: _89008_

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

Print Name: _____   Escrow #: _____

Address: _____

City: _____   State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED