

Official Record

Recording requested By
ADAM T. & SHARI L. CRAWFORD

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPT: \$97.50

Recorded By: AE

Book- 277 Page- 0260



0142845

After recording this document please return it to:

Name: Adam T. Crawford
Address: HC61 Box 02
City, State, Zip: Hiko, NV. 89017
Phone: 775 725 3320

A portion of Assessor's Parcel No. 011-070-26

QUIT CLAIM DEED

THIS INDENTURE made this 18th day of March, 2013,
By and between Keith Murray Whipple Family Trust, Grantor, and Adam T. Crawford and Shari L. Crawford, Grantee as Joint Owners.

WITNESSETH

That Grantor, in consideration of the sum of Ten Dollars (\$10), lawful money of the United States, and good and valuable consideration, paid to Grantor by Grantee, the receipt whereof is hereby acknowledged, does by these presents grant, bargain, and sell to Grantee and to Grantee's successors and assigns, 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:

Parcel 1 of that Parcel Map Document # 0142781, filed in Plat Book D at Page 0085 on February 26, 2013

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, including road, utility, and pipeline easements.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto Grantee and to Grantee's successors and assigns forever.

WITNESS Grantor(s) hand(s) this the 18th day of March, 2013.

Keith Murray Whipple
Keith Murray Whipple, Trustee Grantor



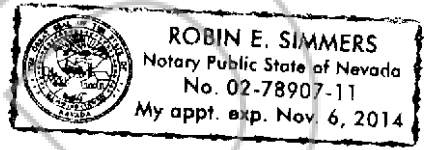
STATE OF NEVADA)
) ss
COUNTY OF LINCOLN)

This instrument was acknowledged before me on the 19 day of March
2013 by Keith Murray Whipple, Trustee.

Robin E. Simmers
Notary Public

Grantor's Name, Address, phone:

**Keith Murray Whipple Family Trust
HC 6, Box 02
Hiko, Nevada 89017**



Grantee(s) Name, Address, phone:

Adam T. and Shari L. Crawford
HC 61, Box
Hiko, Nevada 89017

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STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
 a) 011-070-26
 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) Mobile Home
 Other _____

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

3. Total Value/Sales Price of Property \$ 25,000
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 97.50

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____
 b. Explain Reason for Exemption: _____

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 Shari Crawford Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Keith Murray Whipple Family Trust
 Address: HC 61 Box 2
 City: Hiko
 State: NV Zip: 89017

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Adam T. Crawford & Shari L. Crawford
 Address: HC 61 Box 4
 City: Hiko
 State: NV Zip: 89017

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

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