DOC # 0144176
10/28/2013   10:10 AM
Official Record
Recording requested By
PAUL J. ROBINSON

Lincoln County - NV
Leslie Boucher   - Recorder
Fee: $14.00   Page 1   of 1
RPTT: Recorded By: AE
Book- 282 **Page-** 0695

0144176

After recording please return to:)

Name: _Jason S. Robinson_   )
         Amber Robinson   )
Address: _1620 Quarter Horse_   )
         Drive   )
City, State, Zip: _Henderson, Nevada_   )
Phone: _702-567-0727 / 89002_   )
)
Assessor's   )
Parcel Number _001-331-72_   )

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

QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:
     That ___Paul J. Robinson___, in consideration of TEN DOLLARS ($10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to ___Jason S. Robinson + Amber Robinson___ as _____, all that real property situated in the town of _Pioche_, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

Parcel #001-331-72 Dist 1.0 Roll Number 003747
1002 Vincent Avenue, Pioche Nevada 89043
That portion of Swest Quarter SE¼ Section 1 North,
Township 1 North Range 67 East M.D.B&M
Being Parcel No 4 of the Klynie Canfield Robinson and Bergman
Parcel Map Recorded in Book B Page 102 of records in the
Recorders office of the Lincoln County Nevada 10.09 Acres
     Commonly known as _Hooteruille Hollow_ .

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

     WITNESS ___ hand(s) this _28th_ day of _October_ , 2013.

Paul J Robinson
Signature of Grantor   Signature of Grantor
Paul J. Robinson
STATE OF NEVADA   )
COUNTY OF LINCOLN)

This instrument was acknowledged before me on
this _28th_ day of _October_ , 2013 by
✗ _Paul J. Robinson_ ✗✗   and
_____ .

Shannon M. Simpson
NOTARY PUBLIC

Notary Public - State of Nevada
COUNTY OF LINCOLN
SHANNON M. SIMPSON
No. 11-4057-11 My Appointment Expires Jan. 20, 2015

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O f f i c i a l   R e c o r d

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STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
   a) _001-331-72_
   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 $ _____
   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: _Transfer Property to Son +_
      Daughter 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 _Paul J. Robinson_   Capacity _____

   Signature _____   Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: _Paul J Robinson_	Print Name: _Jason S. Robinson_
Address: _P.O. Box 601_	Address: _Amber Robinson_
City: _Pioche_	City: _1620 Quarter Horse Drive_
State: _Nevada_ Zip: _87043_	State: _Henderson_ Zip: _89002_
	Nevada

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