

**RECORDING COVER PAGE**

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

APN# 004-141-64

(11 digit Assessor's Parcel Number may be obtained at:  
<http://redrock.co.clark.nv.us/assrealprop/owner.aspx>)



**TITLE OF DOCUMENT**

(DO NOT Abbreviate)

Quitclaim Deed

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

**RECORDING REQUESTED BY:**

Lonny E. & Connie Walch

RETURN TO: Name Lonny and Connie Walch Family Trust

Address PO Box 524

City/State/Zip Alamo, Nevada 89001

**MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)**

Name Lonny and Connie Walch Family Trust

Address PO Box 524

City/State/Zip Alamo, Nevada 89001

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.



**APN 004-141-64**

When Recorded and Mail  
Tax Statement to:

Lonny and Connie Walch Trustees  
LONNY AND CONNIE WALCH FAMILY TRUST  
PO Box 524  
Alamo, NV 89001

**QUITCLAIM DEED**

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, LONNY E. WALCH and CONNIE WALCH hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIMS(S) to

LONNY and CONNIE WALCH, Trustees of the LONNY AND CONNIE WALCH FAMILY TRUST, dated September 24, 2014.

All of their rights, title and interest in and to the following described lands situated in the Township of Alamo, Lincoln County, State of Nevada, more fully described as:

**5.0 Acres A Portion of APN: 004-141-54 more specifically Parcel 4 of the Roy and Sally Walch Parcel Map Recorded on May 12, 2006 as Document #126508 filed in Plat Book C, Page 202 in the Official Records of the Lincoln County Recorder's office.**

**SUBJECT TO: Rights of way, restrictions, reservations, conditions, covenants, and easements of Record.**

Dated the 24<sup>th</sup> day of September, 2014.

*Lonny E Walch*

\_\_\_\_\_  
Lonny E. Walch

*Connie Walch*

\_\_\_\_\_  
Connie Walch

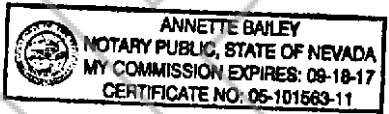


STATE OF NEVADA )  
 ) SS:  
COUNTY OF LINCOLN )

On this 24<sup>th</sup> day of September, 2014, before me the undersigned, a Notary Public in and for said state, personally appeared LONNY E. WALCH and CONNIE WALCH, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the persons, or the entity upon behalf of which the persons acted, executed this instrument.

WITNESS my hand and official seal.

*Annette Bailey*  
\_\_\_\_\_  
Notary Public in and for said Lincoln County  
and State of Nevada



Recording requested By  
ROY W. WALCH

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 2 Fee: \$16.00  
Recorded By: HB RPTT:  
Book- 292 Page- 0022

STATE OF NEVADA  
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a. 004-141-64
- 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: DE CERT. OF TRUST ON FILE

3. a. Total Value/Sales Price of Property

- b. Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_
- c. Transfer Tax Value: \$ \_\_\_\_\_
- d. Real Property Transfer Tax Due \$ \_\_\_\_\_

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 7
- b. Explain Reason for Exemption: Transfer to Trust

5. Partial Interest: Percentage being transferred: 100 %

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 Lonny Walch Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**

Print Name: Lonny E. Walch & Connie Walch  
 Address: PO Box 524  
 City: Alamo  
 State: Nevada Zip: 89001

**BUYER (GRANTEE) INFORMATION (REQUIRED)**

Print Name: Lonny and Connie Walch  
 Address: PO Box 524 Family Trust  
 City: Alamo  
 State: Nevada Zip: 89001

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

Print Name: Lonny E & Connie Walch Escrow #: \_\_\_\_\_  
 Address: PO Box 524  
 City: Alamo State: NV Zip: 89001



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property:

- |                             |              |                             |                  |
|-----------------------------|--------------|-----------------------------|------------------|
| a) <input 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: _____	

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 \_\_\_\_\_
- 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 \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Print Name: Son of Saleh Escrow #: \_\_\_\_\_

Address: 111 Lamb Blvd

City: Alamo State: NV Zip: 89001