

Official Record

Recording requested By  
STELLA ZABRISKIE

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2  
RPTT: \$195.00 Recorded By: LB  
Book- 292 Page- 0573



APN: 013-036-29  
Recording requested by and mail documents and  
tax statements to:

Name: STELLA ZABRISKIE

Address: 14234 Box 111

City/State/Zip: Caliente, NV 89008

DED104mk  
Nevada Legal Forms & Tax Services, Inc.  
www.nevadalegalforms.com

RPTT: \_\_\_\_\_ **QUITCLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S): Terri Rehl

for and in consideration of \_\_\_\_\_ Dollars (\$) do hereby QUITCLAIM  
the right, title and interest, if any, which GRANTOR may have in all that real property, the receipt of  
which is hereby acknowledged, to the GRANTEE(S): STELLA ZABRISKIE,  
RICKIE B.H. ZABRISKIE, joint tenants

all that real property situated in the City of CALIENTE County of LINCOLN  
State of NEVADA, bounded and described as follows: (Set forth legal description  
and commonly known address)

Parcel 113 of parcel map in plat Book C,  
Page 196 file # 126356 of Lincoln  
County, Nevada records

Hwy 93, Caliente NV. 89008



0146788

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 16<sup>th</sup> day of Jan, 20 15.

Terri Rehl  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

Terri Rehl  
Print or Type Name Here

\_\_\_\_\_  
Print or Type Name Here

STATE OF Nevada )  
COUNTY OF Lincoln )

On this 16<sup>th</sup> day of Jan, 20 15, personally appeared before me, a Notary Public, Terri Rehl

personally known to me OR  proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Crystal Budreau  
Notary Public  
My commission expires: mar 20, 2015  
Consult an attorney if you doubt this forms fitness for your purpose.



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STATE OF NEVADA  
DECLARATION OF VALUE FORM

- 1. Assessor Parcel Number(s)
  - a) 013-026-29
  - 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 \$ 49,706
- Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )
- Transfer Tax Value: \$ \_\_\_\_\_
- Real Property Transfer Tax Due \$ 195.00

- 4. **If Exemption Claimed:**
  - a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_
  - b. Explain Reason for Exemption: \_\_\_\_\_

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 \_\_\_\_\_ Capacity \_\_\_\_\_

Signature Stella Zabriskie Capacity \_\_\_\_\_

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

Print Name: TERRI REHL  
Address: \_\_\_\_\_  
City: Ely  
State: NV Zip: 89301

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

Print Name: STELLA ZABRISKIE, RIDGIE ZABRISKIE  
Address: HC 34 BX 111  
City: Palmdale  
State: NV Zip: 89608

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_