

Official Record

Recording requested By
ERIC JOHNSON

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$14.00 Page 1 of 1

RPTT: \$1.95 Recorded By: LB

Book- 297 Page- 0007



0147960

After recording please return to:

Name: Eric Johnson
Stacey Johnson
Address: 6045 Powerline Road
City, State, Zip: Fallon, NV 89406
Phone:
Assessor's
Parcel Number 01-123-01

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

QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That Lincoln County, Nevada, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, does hereby remise, release, and forever quitclaim to Eric Johnson and Stacey Johnson, all that real property situated in the town of Pioche, County of Lincoln, State of Nevada, more particularly described as follows:

That portion of the northwesterly part of vacated Fitzhugh Street, that divides Blocks 22 and 24 of the Town of Pioche, Lincoln County, Nevada, in Section 22, Township 1 North, Township 67 East, Mount Diablo Meridian, which will replace the original Lone One of Block 22, and is described more particularly as follows:

Beginning at a point on the westerly street line of Meadow Valley Street monumented by a rebar with plastic cap stamped L SMITH PLS 12751 from which the northeast corner of said Section 22 bears N 15°34'47" E 3957.14';

- Thence S 40°01'29" W 93.00';
- Thence N 49°26'58" W 2.44';
- Thence N 29°23'06" E 94.79';
- Thence S 49°26'58" E 19.94' to the point of beginning;
- Containing 1040 square feet more or less

The Basis of the bearings is the east line of the northeast quarter of Section 22, T. 1 N., R. 67 E. M.D.M. given as S 01°43'29" W in the map of The Town of Pioche, Plat Book A at Page 382.

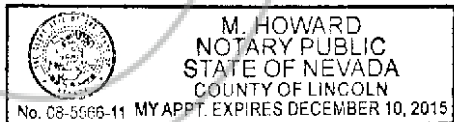
TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS this 13th day of July, 2015.

Kevin Phillips
Signature of Grantor
Kevin Phillips - Chairman
Lincoln County Board of Commissioners

STATE OF NEVADA)
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this 13th day of July, 2015 by *Kevin Phillips* and



M. Howard
NOTARY PUBLIC

Recording requested By
ERIC JOHNSON

STATE OF NEVADA
DECLARATION OF VALUE FORM

Lincoln County - NV

Leslie Boucher - Recorder

1. Assessor Parcel Number(s)

- a) 01-123-0
- b) _____
- c) _____
- d) _____

Page 1 of 1 Fee: \$14.00
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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

\$ 494,00

Deed in Lieu of Foreclosure Only (value of property) (_____)

Transfer Tax Value: \$ 1.95

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 [Signature] Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Lincoln County Board of Commissioners
Address: P.O. Box 90
City: Pioche
State: NV Zip: 89043

Print Name: Eric Johnson Stacey Johnson
Address: 6045 Powersline Rd.
City: Fallen
State: NV Zip: 89406

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

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