DOC # 0148129

Official Record
Recording requested By
SAMUEL L. MOORE

Fee: \$14.00 Page RPTT \$46.80 Recoi Book- 297 Page- 0334



| QOTI CLAIM DEED |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THE GRANTOR(S), Samuel L. Moore, for the consideration of #1,000 plus assumtion of loan payments to Wesley Holt, CONVEYS, RELEASES, and QUIT CLAIMS TO GRANTEE, Adam P. Katschke, |
| all interest in the following described real estate situated in the County of Lincoln, in the State of Nevada, to wit: Legal Description: |
| THAT PORTION OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 7, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B.&M., DESCRIBED AS FOLLOWS: PARCEL 6B AS SHOWN BY MAP THEREOF ON FILE IN FILE 0132543 OF PARCEL MAPS, IN BOOK C PAGE 424 IN THE OFFICE OF THE COUNTY |
| RECORDER OF SAID LINCOLN COUNTY, NEVADA. |
| Parcel Identification Number: 003-151-19 |
| Dated this 21 day of July , , (yr) 2015 |
| Grantor Signature Samuel L. Moore Print Name Samuel L. Moore |
| |
| STATE OF Lincoln |
| Notary Public in and for the above state, do hereby certify than on this day of July (mo.), 2015 (yr), personally appeared before me |
| known to be the individual(s) described in and who executed the within instrument and acknowledged that the individual(s) signed the same as free and voluntary act and deed for the uses and purposes herein mentioned. |
| Commission expires (mo./day) Yay 16 (yr) 2011 |
| JO LYNN CARDINAL Notary Public, State of Nevada Appointment No. 08-8158-11 My Appl. Expires May 16, 2016 Notary Public |

DOC # DV-148129

07/31/2015

03:01 PM

Official Record

STATE OF NEVADA

Recording requested By SAMUEL L. MOORE

| DECLARATION OF VALUE FORM | Lincoln County - NV |
|-----------------------------------------------------|-------------------------------------------------------|
| 1. Assessor Parcel Number(s) | / \ |
| a) 003-151-19 | Leslie Boucher - Recorder |
| b) | Page 1 of 1 Fee: \$14.00 |
| c) | Recorded By: AE RPTT: \$46 80 Book- 297 Page- 0334 |
| d) | . Book- 257 Page- 0334 |
| 2. Type of Property: | |
| a) X Vacant Land b) Single Fan | n. Res. FOR RECORDER'S OPTIONAL USE ONLY |
| c) Condo/Twnhse d) 2-4 Plex | |
| e) Apt. Bldg f) Comm'l/In | |
| g) Agricultural h) Mobile Ho | |
| Other | me Notes: vocativicy dec # 137570 a |
| 3. Total Value/Sales Price of Property | |
| Deed in Lieu of Foreclosure Only (value of p | D -d-1 11441 |
| Transfer Tax Value: | property) |
| Real Property Transfer Tax Due | \$ 11,738.50 |
| 4. If Exemption Claimed: | \$ |
| 2 Transfer Tox Examplian NDC 275 00 | |
| a. Transfer Tax Exemption per NRS 375.09 | U, Section |
| b. Explain Reason for Exemption: | |
| 5 Partial Interest: Description C. 1 | |
| 5. Partial Interest: Percentage being transferred: | |
| The undersigned declares and acknowledge | ges, under penalty of perjury, pursuant to |
| NRS 375.060 and NRS 375.110, that the informa | tion provided is correct to the best of their |
| information and belief, and can be supported by | locumentation if called upon to substantiate the |
| information provided herein. Furthermore, the pa | arties agree that disallowance of any claimed |
| exemption, or other determination of additional ta | ix due, may result in a penalty of 10% of the tax |
| que plus interest at 1% per month. Pursuant to N | RS 375,030, the Buyer and Seller shall be |
| Jointly and severally liable for any additional amo | ount owed. |
| Samuel & Mooce | Seller |
| Signature | Capacity Seller |
| | 1 1 |
| Signature X | Capacity Buyer |
| | |
| SELLER (GRANTOR) INFORMATION | BUYER (GRANTEE) INFORMATION |
| (REQUIRED) | (REQUIRED) |
| Print Name: Samuel L. Moore Lane D. Frem | |
| Address: Bex 273 Bay 27 | |
| City: Calvente | Address: 4 Heastack Ln Box 253 |
| | City: <u>Calvente</u> |
| State: Zip: 89/08 | State: <u>Nu</u> Zip: 89008 |
| COMPANY/DEDSON DEGLIDSONNO DE CON | DBIG / |
| COMPANY/PERSON REQUESTING RECOR | DING (required if not seller or buyer) |
| Print Name: | Escrow #: |
| Address: | , |
| City: | State: Zip: |