

Official Record

Recording requested By
VANCE L. & VICKIE E. HIGBEE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: AE
Book- 300 Page- 0411



Assessor's Parcel No.: 011-200-02

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, VANCE L. HIGBEE and VICKIE E. HIGBEE as joint tenants hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM to

VANCE LELAND HIGBEE and VICKIE ELIASON HIGBEE,
Trustees of THE HIGBEE FAMILY TRUST DATED FEBRUARY
3, 2002

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

Land in Nevada North of Alamo East of Highway 93; Parcel Number:
011-200-02. District 60 Roll number 001913.

That portion of the Southwest Quarter (SW1/4) of the Northeast Quarter (NE 1/4) of section 32, Township 6, South Range 61, East M.D. B&M. Laying Easterly of U.S. Highway 93. Consisting of Approximately 2.5 Acres more or less.

SUBJECT to all easements, rights-of-way, protective covenants, and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantees, and unto Grantees' assigns forever, with all appurtenances thereunto belonging.

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WITNESS Grantor(s) hand(s) this the 25th day of Sept, 2015

Vance L. Higbee
 Grantor
 Vance L. Higbee

Vickie E. Higbee
 Grantor
 Vickie E. Higbee

STATE OF NEVADA)
) SS:
 COUNTY OF CLARK)

This instrument was acknowledged before me on this 25th day of September 2015 by **Vance L. Higbee and Vickie E. Higbee.**

Kathryn M. Wetzel
 Notary Public

Printed Name: Kathryn M. Wetzel

My Commission Expires:
11-20-17



Grantors Name, Address, Phone:
 Vance L & Vickie E. Higbee
 P.O. Box 420289
 Kanarraville, UT 84742-0289

Grantees Name, Address, Phone:
 Vance L. & Vickie E. Higbee, Trustees
 P.O. Box 420289
 Kanarraville, UT 84742-00289

PLEASE SEND TAX STATEMENTS TO GRANTEE(S)

STATE OF NEVADA
DECLARATION OF VALUE

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- 1. Assessor Parcel Number(s)
 - a. 011-200-02 _____
 - b. _____
 - c. _____
 - d. _____

- 2. Type of Property:

<ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Vacant Land c. <input type="checkbox"/> Condo/Twnhse e. <input type="checkbox"/> Apt. Bldg g. <input type="checkbox"/> Agricultural <input type="checkbox"/> Other 	<ul style="list-style-type: none"> b. <input type="checkbox"/> Single Fam. Res. d. <input type="checkbox"/> 2-4 Plex f. <input type="checkbox"/> Comm'l/Ind'l h. <input type="checkbox"/> Mobile Home
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FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: <u>Trust on file: a</u>	

- 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 without consideration to a 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 Vance L. Higbee Capacity: _____
 Signature Vickie E. Higbee Capacity: _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Vance L. & Vickie E. Higbee
 Address: P.O. Box 420289
 City: Kanarrville
 State: UT Zip: 84742-0289

BUYER (GRANTEE) INFORMATION (REQUIRED) Higbee Family Trust
 Print Name: Vance L. & Vickie E. Higbee Trustees
 Address: P.O. Box 420289
 City: Kanarrville
 State: UT Zip: 84742-0289

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____