

DOC # 0149306

05/19/2016

01:46 PM

Official Record

Recording requested By
CREST KEY, PROF

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 303 Page- 0106

RECORDING COVER PAGE

APN# 002-182-04



TITLE OF DOCUMENT

Personal Representative's Deed

RECORDING REQUESTED BY:

Kirk D. Kaplan, Esq.

RETURN TO: Name Crest Key, Prof., LLC

Address 6980 O'Bannon Drive, Suite 100

City/State/Zip Las Vegas, NV 89117

MAIL TAX STATEMENT TO:

Name Mariane H. Wilcox

Address 404 MacArthur Way

City/State/Zip Las Vegas, Nevada 89107



APN: 002-182-04

PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE WITNESSETH: That MARIANE H. WILCOX, Legal Representative of the Estate of ROBERT D. WILCOX, in accordance with the Probate Court "Order Granting Petition to Set Aside Estate Without Probate" (hereinafter referred to as the "Court Order") of the Official Records of Lincoln County, Nevada, file stamped on May 9, 2016, recorded as Book No. 302, Document No. 0149271, does hereby Grant, Bargain, Sell and Convey, an undivided interest to MARIANE H. WILCOX, all of her right, title and interest in that real property situated in the County of Lincoln, State of Nevada, bounded and legally described as follows:

All of the South half of Lot Three (3) in Block Thirty-four (34) in the town of Panaca, Nevada, together with one share of water in the Panaca Irrigation Company.

SUBJECT TO: Reservations, restrictions and conditions if any: rights of way and easements either of record or actually existing on said premises.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Parcel No. 002-182-04

WITNESS my hand this 14th day of April, 2016.

Mariane H. Wilcox

MARIANE H. WILCOX
Legal Representative of
Estate of ROBERT D. WILCOX

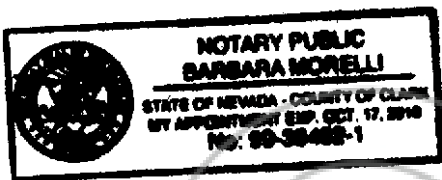


APN: 002-182-04

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On this 14th day of April, 2016, before me the undersigned, a Notary Public in and for the said County and State, MARIANE H. WILCOX, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Barbara Morelli

NOTARY PUBLIC

STATE OF NEVADA
DECLARATION OF VALUE FORM

Recording requested By
CREST KEY, PROF

Lincoln County - NV
Leslie Boucher - Recorder

- 1. Assessor Parcel Number(s)
a) 002-182-04
- 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 RECOR
 Book: _____
 Date of Recording: _____
 Notes: _____

Page 1 of 1 Fee: \$16.00
 Recorded By: AE RPTT:
 Book- 303 Page- 0106

3. Total Value/Sales Price of Property \$ 0.00
 Deed in Lieu of Foreclosure Only (value of property) ()
 Transfer Tax Value \$ 0.00
 Real Property Transfer Tax Due \$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 05
- b. Explain Reason for Exemption: Transfer between SPOUSE TO SPOUSE

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 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Mariane H. Wilcox Capacity Legal Representative

Signature Mariane H. Wilcox Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Mariane H. Wilcox, Legal Representative of the Estate of Robert D. Wilcox
 Address: 404 MacArthur Way
 City: Las Vegas
 State: NV Zip: 89107

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Mariane H. Wilcox
 Address: 404 MacArthur Way
 City: Las Vegas
 State: NV Zip: 89107

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

Print Name: Crest Key, Prof., L.L.C. Escrow #: _____
 Address: 6980 O'Bannon Dr., #100
 City: Las Vegas State: NV Zip: 89117

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILED