

Official Record

Recording requested By
PATRICIA SCHAD-HAGGARD

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$14.00

Page 1 of 1

RPTT:

Recorded By: AE

Book- 306 Page- 0405



After recording please return to:

Name: Patricia Schad-Haggard)
Address: 2221 Camel St)
City, State, Zip: Las Vegas, NV 89115)
Phone: 702-453-3862)
Assessor's Parcel Number: 006-041-49)

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QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That Patricia Marie Schad-Haggard of Haggard Family Living Trust, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to Patricia Marie Schad-Haggard of Schad-Haggard Revocable Living Trust as that real property situated in the town of _____, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

The South Half (S 1/2) of the Southwest Quarter (SW 1/4) of US Government lot number Nine (9) in Section 2, Township 4 North, Range 67 East, M.D.B.&M

Commonly known as 006-041-49

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

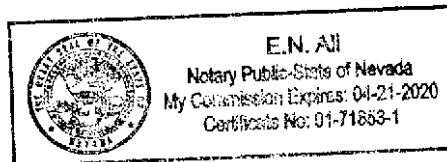
WITNESS ___ hand(s) this 16 day of September, 2016

Signature of Grantor Patricia Marie Schad-Haggard STATE OF NEVADA) COUNTY OF LINCOLN)

Signature of Grantor Patricia Marie Schad-Haggard

This instrument was acknowledged before me on this 16 day of September, 2016 by Patricia Marie Schad-Haggard and

NOTARY PUBLIC



STATE OF NEVADA
DECLARATION OF VALUE FORM

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- 1. Assessor Parcel Number(s)
a) 006-041-49
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'/Ind'l
g) Agricultural h) Mobile Home
Other

FOR RECORDER'S OPTIONAL USE ONLY
Book: Page:
Date of Recording: Both Trusts
Notes: On File

- 3. Total Value/Sales Price of Property \$
Deed in Lieu of Foreclosure Only (value of property) (\$)
Transfer Tax Value: \$
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 to a Trust
with no consideration

- 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 Patricia Schad Haggard Capacity _____

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Haggard Family Living Trust
Address: 2221 Camel St
City: Las Vegas
State: NV Zip: 89115

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Schad-Haggard Revocable
Address: 2221 Camel St Living Trust
City: Las Vegas
State: NV Zip: 89115

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

Print Name: Patricia Schad Haggard Escrow #: _____
Address: same as above
City: _____ State: _____ Zip: _____