

**Official Record**

Recording requested By  
WILLIAM F. WALKER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: AE

Book- 306 Page- 0511

APN: 001-122-05

When Recorded Mail To:

Mail Tax Statement To:

The William F. Walker Revocable Living Trust and  
The Norma J. Walker Revocable Living Trust  
P.O. Box 91  
Pioche, NV 89043



**QUIT-CLAIM DEED**

William F. Walker and Norma J. Walker, as Co-Trustees of the Walker Family Trust, Grantors, of the County of Lincoln, State of Nevada, hereby quit-claim all interest in the property more particularly described below: 50% to The William F. Walker Revocable Living Trust with William F. Walker as Trustee and 50% to The Norma J. Walker Revocable Living Trust with Norma J. Walker as Trustee, for valuable consideration:

Assessor's Parcel No.: 001-122-05

All of Lots numbered Twelve (12), Thirteen (13), Fourteen (14) and Fifteen (15) of Block numbered Twenty-Three (23), said Lots and Block are designated on the Official Map of the Town of Pioche, State of Nevada, now on file with the County Recorder of said Lincoln County;

Together with any and all buildings and improvements situated thereon and all and singular tenements, hereditaments, and appurtenances thereunto belonging, or in anywise appertaining, and the reversion and

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reversions, remainder and remainders, rents, issues and profits thereof.

WITNESS the hand of said Grantors, this 14th day of October, 2016.

*William F. Walker*

WILLIAM F. WALKER  
Co-Trustee of the Walker Family Trust

*Norma Jean Walker*

NORMA J. WALKER  
Co-Trustee of the Walker Family Trust

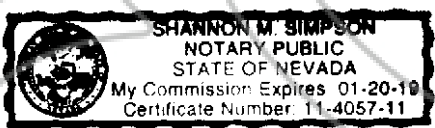
STATE OF NEVADA        )  
                                      ) SS:  
COUNTY OF LINCOLN    )

On the 14th day of October, 2016, personally appeared before me William F. Walker and Norma J. Walker, the signer of the foregoing instrument, who duly acknowledged to me that they executed the same.

**NOTARY SEAL**

*Shannon M. Simpson*

Signature of Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE FORM

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Page 1 of 1 Fee: \$15.00  
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- 1. Assessor Parcel Number(s)  
a) 001-122-05  
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'l/Ind'l  
g)  Agricultural h)  Mobile Home  
Other \_\_\_\_\_

FOR RECORDER'S OPTIONAL USE ONLY  
Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Date of Recording: \_\_\_\_\_  
Notes: Trust 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 07  
b. Explain Reason for Exemption: Transfer to 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 Norma Jean Walker Capacity \_\_\_\_\_  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: The Walker Family Trust  
Address: P.O. Box 91  
City: Piache  
State: NV Zip: 89043

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: William F. Walker, Revocable Living Trust  
Address: Norma J. Walker Revocable Living Trust  
City: P.O. Box 91 Piache  
State: NV Zip: 89043

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

Print Name: William F. Walker Escrow #: \_\_\_\_\_  
Address: P.O. Box 91  
City: Piache NV State: \_\_\_\_\_ Zip: \_\_\_\_\_