

Official Record

Recording requested By  
RUSSELL MCNAUGHT

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$39.00 Page 1 of 1  
RPTT: Recorded By: AE  
Book- 308 Page- 0311

APN# 005-221-05

Recording Requested By:  
Russell McNaught

Return Documents To:  
Russell McNaught  
944 Keys Dr. Boulder City, NV 89005

Mail Tax Statements To:  
Russell McNaught  
944 Keys Dr. Boulder City, NV 89005



QUITCLAIM DEED

THIS QUIT CLAIM DEED, Executed this 5<sup>th</sup> day of December, 2016, by the Grantor, Richard McNaught whose mailing address is 422 County Line Rd. Georgetown, IN 47122 to the Grantee, Russell McNaught whose mailing address is 944 Keys Dr. Boulder City, NV 89005 WITNESSETH, That the Grantor, for good consideration and for the sum of \$ 20.00 paid by the Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim that which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lincoln, State of Nevada, to wit: east 1/2,sw1/4, se1/4 sw1/4, section 26, township 5 north, range 67 east.

IN WITNESS WEREOF, The said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

Signature [Handwritten Signature] Date: 12-5-16  
Printed Name: Richard McNaught Capacity: Grantor

Signature [Handwritten Signature] Date: 12-5-2016  
Printed Name: Russell McNaught Capacity: Grantee

STATE OF Nevada  
COUNTY OF Clark

On this day before me, December 5, 2016, personally appeared Richard J. McNaught & Russell McNaught, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed in and who executed the foregoing instrument, and acknowledged that s/he signed the same as his/her free and voluntary act and deed for the purposed therein mentioned.

WITNESS under my hand and official seal.

[Handwritten Signature]  
Signature



Affiant: Known Unknown  
ID Produced: \_\_\_\_\_

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STATE OF NEVADA  
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)  
a) 005-221-05  
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: \_\_\_\_\_

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 5  
b. Explain Reason for Exemption: Transfer from father to son.

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 \_\_\_\_\_ Capacity \_\_\_\_\_

Signature Russell McNaught Capacity Grantee

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

Print Name: Richard McNaught  
Address: 422 County Line Rd  
City: Georgetown  
State: IN Zip: 47122

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: Russell McNaught  
Address: 944 Keys Dr  
City: Boulder City  
State: NV Zip: 89005

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_