

Official Record

Recording requested By
STEPHANIE ALLEN

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: Recorded By: AK
Book- 314 Page- 0228



0152661

After recording please return to:)
Name: STEPHANIE ALLEN)
Address: PO BOX 665)
City, State, Zip: PIOCHE, NV 89043)
Phone: _____)
Assessor's Parcel Number: APN 1-071-03)

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QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That STEPHANIE A. HIBBLE, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to STEPHANIE W. ALLEN

as _____, all that real property situated in the town of PIOCHE, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

ALL OF LOTS NINE (9), TEN (10), AND ELEVEN (11) IN BLOCK THIRTY-SIX (36), IN THE TOWNSHIP OF PIOCHE, NEVADA

Commonly known as _____

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

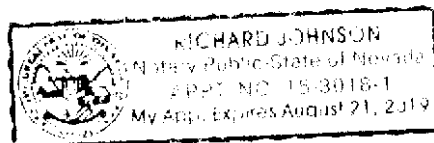
WITNESS ___ hand(s) this 27 day of SEPTEMBER 2017.

Stephanie A. Hibble
Signature of Grantor
STEPHANIE A. HIBBLE
STATE OF NEVADA
COUNTY OF LINCOLN)

Signature of Grantor

This instrument was acknowledged before me on this 27th day of September, 2017 by Stephanie A. Hibble and _____

[Signature]
NOTARY PUBLIC



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STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
a) APN 1-071-03
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 \$ 0
Deed in Lieu of Foreclosure Only (value of property) (_____)
Transfer Tax Value: \$ 8
Real Property Transfer Tax Due \$ 8

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section 3
b. Explain Reason for Exemption: CHANGE OF NAME

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 Stephanie W. Allen Capacity GRANTEE

SELLER (GRANTOR) INFORMATION (REQUIRED)
Print Name: STEPHANIE A. HIBBLE
Address: PO BOX 645
City: PIDCHIE
State: NEVADA Zip: 89043

BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: STEPHANIE W. ALLEN
Address: PO BOX 645
City: PIDCHIE
State: NEVADA Zip: 89043

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