

Official Record

Recording requested By  
CHESTER W. & JO ANNA TURNBULL

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$35.00 Page 1 of 1  
RPTT: Recorded By: AE  
Book- 317 Page- 0468



After recording please return to: )  
Name: CHESTER TURNBULL )  
Address: P.O BOX 1002 )  
City, State, Zip: CALIENTE NV 89008 )  
Phone: \_\_\_\_\_ )  
Assessor's )  
Parcel Number 013-190-13 )  
013-190-14 )

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QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That CHESTER W TURNBULL JO ANNA TURNBULL in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to CHERE LYNN KERN as \_\_\_\_\_

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

TRACT NO. 13 AND TRACT NO. 14 OF MAP OF DIVISION INTO LARGE PARCELS FOR WAYNE BRADLEY AND THE RONALD A. BRADLEY AND GORDENA S. BRADLEY FAMILY TRUST RECORDED IN BOOK B OF PLATS, PAGE 364, AS FILE NO. 116018, 141119 WITHIN THE SOUTH HALF (S 1/2) OF SECTION 3, TOWNSHIP 3 SOUTH, RANGE 6T EAST, M.D.B. AND M.

Commonly known as 3790 MABEL TRAIL, CALIENTE NV 89008

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

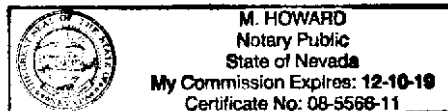
WITNESS \_\_\_ hand(s) this 28 day of February, 2018.

Chester W. Turnbull  
Signature of Grantor  
CHESTER TURNBULL  
STATE OF NEVADA )  
COUNTY OF LINCOLN )

JoAnna Turnbull  
Signature of Grantor  
JOANNA TURNBULL

This instrument was acknowledged before me on this 28 day of February, 2018 by Chester W Turnbull and JoAnna Turnbull

M. Howard  
NOTARY PUBLIC



Recording requested by  
CHESTER W. & JO ANNA TURNBULL

STATE OF NEVADA  
DECLARATION OF VALUE FORM

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$35.00  
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- 1. Assessor Parcel Number(s)
  - a) 013-190-13
  - b) 013-190-14
  - 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 PROPERTY TO DAUGHTER

- 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 JoAnn Turnbull Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: CHESTER W TURNBULL JOANNA TURNBULL  
Address: PO BOX 1003  
City: CALIENTE  
State: NV Zip: 89008

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

Print Name: CHERE LYNN KERN  
Address: PO BOX 1003  
City: CALIENTE  
State: NV Zip: 89008

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

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