



APN: 001-035-04

Recording Requested By and Mail Documents  
and Tax Statement To:

HELGA JORDAN, THOMAS LYNN HOOD,  
Name: and PATRICIA HELEN HOOD

Address: P.O. BOX 13

City/State/Zip: PIOCHE, NEVADA 89043

### QUITCLAIM DEED

RPTT: 07

THIS INDENTURE WITNESS That the GRANTOR(S): HELGA JORDAN LIVING  
TRUST, as Trustee

for in consideration of Zero Dollars (\$ 0.00 )

do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR(S) may have in all  
that real property , the receipt of which is hereby acknowledged, to the GRANTEES:

HELGA JORDAN , widow, and THOMAS LYNN HOOD and PATRICIA HOOD, Husband  
as Wife , All as Joint Tenants with rights of survivorship

all that real property situated in the City of Pioche , County of Lincoln ,  
State of Nevada , bounded and described as follows:

(Set Forth Legal Description and Commonly Known Address)

LEGAL DESCRIPTION:

DISTRICT 1.0-PIOCHE TOWN  
SUBIVISION LOT BLOCK 39  
PROPERTY NAME LOTS 11 & 12 IN BLK 39



Commonly Known Address: 191 MILL STREET, PIOCHE, NEVADA 89043

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on this the 7th day of March, 20 18.

*Helga Jordan*  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

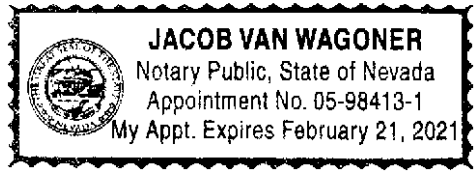
HELGA JORDAN, Trustee  
Print or Type Name of Grantor

\_\_\_\_\_  
Print or Type Name of Grantor

STATE OF NEVADA )  
  )  
COUNTY OF CLARK )

On this 7th day of March, 20 18, personally appeared before me, a Notary Public, HELGA JORDAN, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me the s he executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

*[Signature]*  
NOTARY PUBLIC  
My Commission Expires: 02-21-2021



Recording requested By  
PATRICIA HOOD

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$35.00  
Recorded By: AE RPTT:  
Book- 317 Page- 0728

STATE OF NEVADA  
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
  - a. 001-035-04
  - 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 RECORDERS OPTIONAL USE ONLY  
 Book \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: \_\_\_\_\_  
 Notes: Trust on File

- 3.a. Total Value/Sales Price of Property \$ \_\_\_\_\_
- b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ ))
- c. Transfer Tax Value: \$ \_\_\_\_\_
- d. 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 without consideration from a trust

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 Helga Jordan Capacity: Trustee  
 Signature Helga Jordan Capacity: CO-OWNER

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: HELGA JORDAN LIVING TRUST  
 Address: P.O. BOX 13  
 City: PIOCHE  
 State: NEVADA Zip: 89043

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Print Name: HELGA JORDAN, ~~ETAL~~ \*  
 Address: P.O. BOX 13  
 City: PIOCHE  
 State: NEVADA Zip: 89043

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED

\* Thomas Lynn Hood and Patricia Hood