

After recording please return to:

Name: STEPHANIE W. ALLEN  
Address: PO Box 6605  
City, State, Zip: PIOCHE, NV 89043  
Phone: \_\_\_\_\_  
Assessor's Parcel Number: APN 001-072-09



OFFICIAL RECORD  
LESLIE BOUCHER, RECORDER

E03

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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 SEVEN (7), EIGHT (8), NINE (9) AND TEN (10)  
IN BLOCK THIRTY-FIVE (35), IN THE TOWNSHIP  
OF PIOCHE, NV

Commonly known as 299 LACOUR ST. PIOCHE, NV.

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

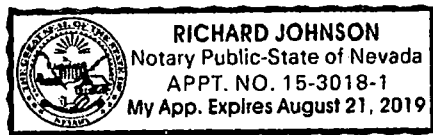
WITNESS \_\_\_ hand(s) this 27 day of SEPTEMBER 2017.

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 27 day of September, 2017 by Stephanie A. Hibble and \_\_\_\_\_

[Signature]  
NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 001-072-09  
 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 3  
 b. Explain Reason for Exemption: CLARIFYING 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 Stephanie W. Allen Capacity \_\_\_\_\_  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: STEPHANIE A. HIBBLE  
 Address: PO Box 665  
 City: PIOCHE  
 State: NV Zip: 89043

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: STEPHANIE W. ALLEN  
 Address: PO Box 665  
 City: PIOCHE  
 State: NV Zip: 89043

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