

After recording please return to:

Name: MATHEW PAUL ELIZONDO

Address: PO BOX 3

City, State, Zip: PIOCHE, NV, 89043

Phone: \_\_\_\_\_

Assessor's Parcel Number: 001-341-35

LINCOLN COUNTY, NV **2019-156581**  
 Rec:\$35.00  
 Total:\$35.00 **06/07/2019 09:15 AM**  
 MATHEW & KRISTEN ELIZONDO Pgs=2 AK



OFFICIAL RECORD  
 AMY ELMER, RECORDER

E05

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### QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That MATHEW PAUL ELIZONDO, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to MATHEW PAUL ELIZONDO AND KRISTEN P. ELIZONDO, HUSBAND AND WIFE as JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, 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.)

PARCEL 23 AS SHOWN UPON PARCEL MAP FOR JAMES VINCENT RECORDED NOVEMBER 18, 1997, IN BOOK B, PAGE 7A OF PLATS, AS FILE 110135 IN THE NORTHEAST QUARTER (NE1/4) OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. AND M., LINCOLN COUNTY, NEVADA.

Commonly known as 403 Cedar Ridge St. Pioche, NV, 89043.

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

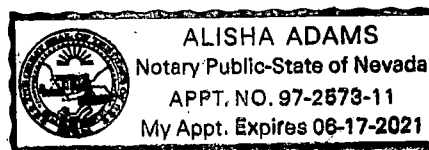
WITNESS \_\_\_ hand(s) this 1 day of JUNE, 2019.

M. Paul Elizondo  
 Signature of Grantor  
MATHEW PAUL ELIZONDO  
 STATE OF NEVADA )  
 COUNTY OF LINCOLN )

N/A  
 Signature of Grantor

This instrument was acknowledged before me on this 1<sup>st</sup> day of JUNE, 2019 by Mathew Paul Elizondo and N/A.

Alisha Adams  
 NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 001-3A1-35  
 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 7  
 b. Explain Reason for Exemption: From husband to husband and wife

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

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 crysten@elizondo Capacity Grantor

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

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

Print Name: Matthew Paul Elizondo  
 Address: PO box 3  
 City: Blatche  
 State: NV Zip: 89043

Print Name: Matthew Paul Elizondo and Crysten Elizondo  
 Address: PO box 3  
 City: Blatche  
 State: NV Zip: 89043

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

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