

After recording please return to:

Name: Kyle Donohue

Address: PO Box 297

City, State, Zip: Pioche, NV 89043

Phone:

Assessor's

Parcel Number 001-061-03

LINCOLN COUNTY, NV

2019-156642

RPTT:\$1.95 Rec:\$35.00

Total:\$36.95

06/20/2019 11:17 AM

PAUL DONOHUE

Pgs=2 KE



00002945201901566420020021

OFFICIAL RECORD
AMY ELMER, RECORDER

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QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That Lincoln County, Nevada, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, does hereby remise, release, and forever quitclaim to Anthony Kyle Donohue and Eva Dawn Donohue, husband and wife as joint tenants, all that real property situated in the town of Pioche, County of Lincoln, State of Nevada, described as follows:

That portion of the proposed abandonment of Hamilton Street of Block 15 and 16 in the Town of Pioche, Lincoln County, Nevada, described as Area B, containing 5857 square feet as shown on the Record of Survey Proposal to abandon a portion of Hamilton Street, recorded on the 30th day of May, 2019 and as Document no. 2019-156299, Lincoln County, Nevada Records, and more particularly described as:

Beginning at the northeast corner of Lot 10 of Block 16, a point from which the NE corner of said Section 22 bears N 29°29'29" E 832.76',

Thence S 73°09'50" W 87.42',

Thence S 14°38'52" W 139.54',

Thence N 75°34'26" W 30.00',

Thence N 14°38'52" E 158.98',

Thence S 89°28'46" E 107.81' to the point of beginning.

Containing 5857 square feet more or less.

The basis of bearing is the east line of the southeast quarter of Section 22, Township 1 North, Range 67 East, M.D.M. in which it is given S 01°43'29" W as recorded in the Map of Pioche, Lincoln County, Nevada recorded in Plat Book A, page 382, Document #100051.

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

WITNESS this 17th day of June, 2019.

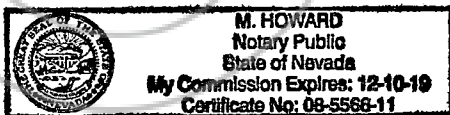
Varlin Higbee
Signature of Grantor

Varlin Higbee - Chairman
Lincoln County Board of Commissioners

STATE OF NEVADA)
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this 17th day of June, 2019 by Varlin Higbee and _____

M. Howard
NOTARY PUBLIC



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 001-061-03
 b) adding on street chondament
 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 \$ 500.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ 1.95
 Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section _____
 b. Explain Reason for Exemption: _____

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 A. Paul Bawhne Capacity Representative

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)
 Print Name: Lincoln County
 Address: P.O. Box 329
 City: Pioche
 State: NV Zip: 89043

BUYER (GRANTEE) INFORMATION

^{Dawn}
 (REQUIRED)
 Print Name: Anthony Kyle & Dawn Donohue
 Address: P.O. Box 297
 City: Pioche
 State: NV Zip: 89043

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____