

WARRANTY DEED

LINCOLN COUNTY, NV 2019-156903

Total: \$0.00 08/19/2019 04:31 PM

LINCOLN CNTY HOSPITAL DIST. Pgs=2 KE

State of Nevada
County of Lincoln

Dated this 1ST day of August, 2019.



GRANTOR(S): Lane Truman and Kristen Truman
MAILING ADDRESS: P.O. Box 27 Caliente, NV 89008

OFFICIAL RECORD E02
AMY ELMER, RECORDER

GRANTEE: Melissa Rowe for Lincoln County Hospital District
MAILING ADDRESS: P.O. Box 1010 Caliente, NV 89008

PROPERTY: The Southwest Quarter (SW1/4) of the Southeast Quarter (SE1/4) and the Southeast Quarter (SE1/4) of the Southeast Quarter (SE1/4) of Section Five (5). Township Seven South (7S), Range Sixty-one East (61E), M.D.B., described as follows: Parcel Two (2) of the Parcel Map recorded August 2, 2006, in the Office of the Lincoln County Recorder, of Lincoln County, Nevada, in Book C of Plats, page 239 as File No. 126949, and the amended Parcel Map recorded May 7, 2007 in Book C of Plats, page 332 as File No. 128875, Lincoln County, Nevada records. Assessor's Parcel Number for 2017-2018: 004-071-24.

CONVEYANCE:

Grantor, for the consideration started and subject to the reservations from and exceptions to conveyance and warranty stated herein, GRANTS, SELLS, AND CONVEYS to Grantee the property, together with all and singular rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, and Grantee's heirs, personal representative, successors and assigns forever. Grantor binds Grantor and Grantor's successors and assigns to WARRANT AND FOREVER DEFEND all and singular the property to Grantee and Grantee's heirs, personal representatives, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof.

EXCEPTIONS TO CONVEYANCE:

This conveyance is made subject to all easements, restrictions, and other matters of record.

GRANTOR'S SIGNATURES:

Lane Truman
Lane Truman

8/1/19
Date

Kristen Truman
Kristen Truman

8/1/19
Date

GRANTEE SIGNATURES:

Melissa S. Rowe
Melissa S. Rowe, CEO/Administrator

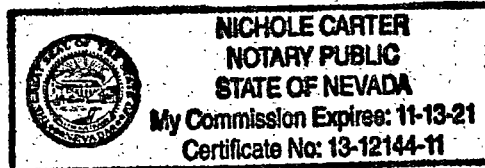
8-1-19
Date

NOTARY PUBLIC

For the county of Lincoln
State of Nevada

The instrument was signed and acknowledged before me on: August 1, 2019 by: Lane Truman, Kristen Truman, and Melissa Rowe.

Notary Signature: *Nichole Carter*



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 004-071-24
 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 Commercial property

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 250,000.00
 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 2
 b. Explain Reason for Exemption: State or local government agency

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 Melissa Per Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Lane Truman and Kristen Truman
 Address: 5118 Blue Desert Trail P.O. Box 27
 City: Caliente
 State: NV Zip: 89008

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Lincoln County Hospital District
 Address: 700 N. Spring Street P.O. Box 1010
 City: Caliente
 State: NV Zip: 89008

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