

After recording please return to:

Name: Alamo Power District No.3

Address: PO Box 189

City, State, Zip: Alamo, Nevada 89001

Phone: 775-725-3335

Assessor's

Parcel Number ~~004-071-24~~
004-071-32

LINCOLN COUNTY, NV 2020-158000

RPTT:\$37.05 Rec:\$37.00

Total:\$74.05

01/17/2020 04:34 PM

ALAMO POWER DISTRICT

Pgs=2 KE



OFFICIAL RECORD
AMY ELMER, RECORDER

----Above This Line Reserved For Official Use Only----

WARRANTY DEED

THIS INDENTURE WITNESSETH:

That Melissa Rowe for Lincoln County Hospital District ("Grantor(s)"), in consideration of ONE DOLLAR (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby grant, bargain, sell and convey to Ken Maxwell for Alamo Power District No. 3 ("Grantee(s)") all that real property situated in the town of Alamo, County of Lincoln, State of Nevada, more particularly described as follows:

THAT PORTION OF THE SOUTHWEST QUARTER (SW ¼) OF SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.B. AND M., LINCOLN COUNTY, NEVADA DESCRIBED AS FOLLOWS:

LOT B, OF THE PARCEL MAP RECORDED OCTOBER 24, 2019 IN THE OFFICE OF THE LINCOLN COUNTY RECORDER, OF LINCOLN COUNTY, NEVADA, AS FILE NO. 157233. ASSESSOR'S PARCEL NUMBER FOR 2019-2020: 004-071-32

SUBJECT TO: 1. Rights of way, reservations, restrictions, easements and conditions of record.

2. In the event that the Grantee deems said property non usable for the intended purpose of an electric vehicle charging station, the Grantee will revert said property back to the Grantor.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining and the reversion and reversions, remainder and remainders, rents, issues, and profits of the property. To have and to hold all and singular the described property, together with the appurtenances, to Grantee, and to Grantee's heirs and assigns forever.

Grantors warrant, for Grantors, Grantors' heirs, executors, and administrators, that Grantors have not conveyed the described property, or any right, title, or interest in the property, to any person other than Grantees, and that the described property is free from encumbrances, done, made, or suffered by Grantors, or any person claiming under Grantors. Grantors and Grantors' heirs, executors, and administrators, will and shall warrant and defend the described property conveyed and the appurtenances appertaining to the property to Grantee, Grantee's heirs, and Assigns, against the lawful claims of any and all person and persons.

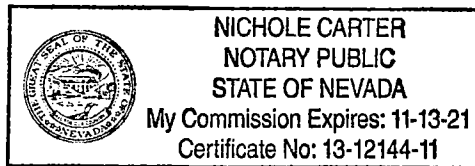
WITNESS their hands this 14th day of January, 2020.

Lincoln County Hospital District by
Melissa Rowe
Signature of Grantor
Melissa Rowe

Alamo Power District No. 3
By Ken D Maxwell
Signature of Grantee
Ken D Maxwell

STATE OF NEVADA)
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this 14 day of January, 2020 by
Melissa Rowe and
Ken Maxwell
Nichole Carter
NOTARY PUBLIC



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 004-071-32
 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 \$ 9,429.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 37.05

4. **If Exemption Claimed:**

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

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 _____ Capacity _____

Signature Alamo Power District No. 3
by [Signature] Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Lincoln County Hospital District
 Address: PO Box 1010
 City: Caliente
 State: NV Zip: 89008

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Alamo Power District No. 3
 Address: PO Box 189
 City: Alamo
 State: NV Zip: 89001

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

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