

6-041-463 } GRT6TE, TN4,
6-041-46 } sec. 25A7

LINCOLN COUNTY, NV 2020-158693
Rec:\$37.00
Total:\$37.00 07/01/2020 12:27 PM
JAMES ZURSCHMIEDE Pgs=3 AK



OFFICIAL RECORD E07
AMY ELMER, RECORDER

APN: ~~PAR088-Numbers~~
Recording requested by and mail documents and tax statements to:

Name: James & Michael Zuschmiede
Address: 7764 W Spada Way
City/State/Zip: Las Vegas NV 89149

DED104mk
Nevada Legal Forms & Services
www.nevadalegalforms.com

RPTT: _____ **QUITCLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S): James Zuschmiede and Tonia Zuschmiede of the Jim & Tonia Zuschmiede Family Trust of April 27, 2011

for and in consideration of Zero Dollars (\$ 0.00)

do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): James Zuschmiede and Michael Wilson-Zuschmiede of the Jim Zuschmiede and Michael Wilson Zuschmiede Family Trust of June 2, 2020

all that real property situated in the City of Pioche
County of Lincoln, State of Nevada

bounded and described as follows: (Set forth legal description and commonly known address)

Commonly Known Address:
20535 Rice Road
Pioche, Nevada
89043

Legal Description:

1. Parcel 6-041-63
R 67E, T4N, Sec. 2.5 A
2. Parcel 6-041-46
R 67E, T4N, Sec. 2.5 A
E 1/2, SW 1/4 and W 1/2, SE 1/4 of Government Lot 10, Sec. 2

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 29th day of June, 2020.

[Signature]
 Signature of Grantor
James Zurschmid
 Print or Type Name Here

 Signature of Grantor

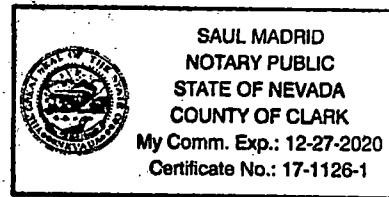
 Print or Type Name Here

STATE OF Nevada)
)
 COUNTY OF Clark)

On this 29 day of June, 2020, personally appeared before me, a Notary Public Saul Madrid James Zurschmid

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

[Signature]
 Notary Public
 My Commission Expires: 12/27/2020



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 6-041-63
 b. 6-041-46
 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 RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

3.a. Total Value/Sales Price of Property \$ 0.00
 b. Deed in Lieu of Foreclosure Only (value of property (_____)
 c. Transfer Tax Value: \$ 0.00
 d. Real Property Transfer Tax Due \$ 0.00

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 7
 b. Explain Reason for Exemption: A transfer of title to or from Trust without consideration.

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 James Zurschmied Capacity: Trustee
 Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: James Zurschmied Trustee*
 Address: 7764 W. ROSADA WAY
 City: LAS VEGAS
 State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: James Zurschmied and Nichol*
 Address: 7764 W. ROSADA WAY
 City: LAS VEGAS
 State: NV Zip: 89119

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

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED
 * TONA Zurschmied - Trustee * Nichol Zurschmied AS Trustees of
 The James & Nichol Zurschmied Family Trust of June 28, 2020
 Wilson