

After recording please return to:

Name:

Kathy Hale

Address:

P.O. Box 73

City, State, Zip:

Picche, Wv.

Phone:

89043

Assessor's

Parcel Number

01-201-43

LINCOLN COUNTY, NV

2020-159129

Rec:\$37.00

Total:\$37.00

10/26/2020 11:15 AM

KATHY HALE

Pgs=3 KE



00005665202001591290030031

OFFICIAL RECORD
AMY ELMER, RECORDER

E05

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QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That Jana Ann Lloyd, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to Kathy Lloyd Hale as P.O. Box 73 Picche, Wv., all that real property situated in the town of Picche, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

Being a portion of the Southeast Quarter (SE 1/4) of Section 15, Township 1 North, Range 67 East, M. D. B. & M., more particularly described as follows:

parcel Thirteen (13) of that certain parcel Map recorded September 28, 1998 in the Office of the County Recorder of Lincoln County Nevada in Book B of plat's pg. 151, Lincoln County Nevada records.

Containing 0.39 Acres, or 17,035 Square Feet, more or less.

Assessors parcel Number for 2008-2009:

01-201-43

Commonly known as 01-201-43

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

WITNESS 23 hand(s) this 23 day of Oct, 2020.

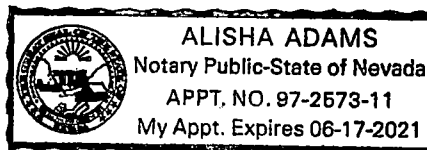
Jana Ann Lloyd
Signature of Grantor

Signature of Grantor

STATE OF NEVADA)
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this 23rd day of October, 2020 by Jana Ann Lloyd and _____

Alisha Adams
NOTARY PUBLIC





0133550

Book 247
Page 334

03/13/2009
Page 2 of 2

Exhibit A

File Number: 37481

Being a portion of the Southeast Quarter (SE1/4) of Section 15, Township 1 North, Range 67 East, M.D.B.&M., more particularly described as follows:

Parcel Thirteen (13) of that certain Parcel Map recorded September 28, 1998 in the Office of the County Recorder of Lincoln County Nevada in Book B of Plats, page 151, Lincoln County, Nevada records.

Containing 0.39 Acres, or 17.035 Square Feet, more or less.

ASSESSOR'S PARCEL NUMBER FOR 2008 - 2009: 01-201-43

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 01-201-43
- 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 5
- b. Explain Reason for Exemption: _____

Mother To Daughter

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 *Sara Ann Lloyd* Capacity *Grantor*

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: *Sara Ann Lloyd*
 Address: *P.O. Box 73*
 City: *Tiöcke*
 State: *NV* Zip: *89043*

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: *Kathy Lloyd Hale*
 Address: *P.O. Box 73*
 City: *Tiöcke*
 State: *NV* Zip: *89043*

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

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