

After recording please return to:)

Name: MICHAEL HANNON)
Address: 5723 ROMAL SPRINGS AVE)
City, State, Zip: LAS VEGAS, NV 89131)
Phone:)
Assessor's Parcel Number: 005 241 14)



OFFICIAL RECORD
AMY ELMER, RECORDER

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QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:
That JEFFREY T MACBURNIE, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to MICHAEL HANNON as all that real property situated in the town of PLOCHU, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

PARCEL 3 OF SUBSEQUENT PARCEL MAP FOR
JEFFREY T MACBURNIE RECORDED APRIL 13, 2018 AT
10:55 AM DOCUMENT # 2018 - 154100

Commonly known as MOTHER LODGE ROAD

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

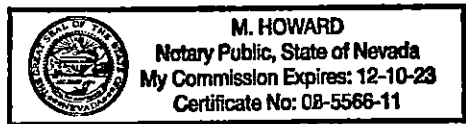
WITNESS hand(s) this 11 day of December, 2020 2020

Signature of Grantor JEFFREY T MACBURNIE Signature of Grantor

STATE OF NEVADA)
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this 11th day of December, 2019 by 2020 by Jeffrey T. Macburnie and

Signature of Notary Public
NOTARY PUBLIC



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 005-241-14
 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 \$ 25,000.⁰⁰
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: _____
 Real Property Transfer Tax Due \$ 97.50

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 *Jeffrey T Macburnin* Capacity _____
 Signature *Michael Hannon* Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: JEFFREY T MACBURNIN
 Address: HC10 Box 9
 City: PIOCHÉ
 State: NV Zip: 89043

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: MICHAEL HANNON
 Address: 5723 ROYAL SPRINGS AVENUE
 City: LAS VEGAS
 State: NV Zip: 89131

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

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