

LINCOLN COUNTY, NV

2021-159680

Rec:\$37.00

Total:\$37.00

03/03/2021 03:44 PM

POLLYANN MCFARLANE

Pgs=4 KE



OFFICIAL RECORD
AMY ELMER, RECORDER

E05

APN: 013-170-08

Recording requested by mail documents and tax statement to:

Name: Pollyann McFarlane

Address: P.O. Box 712

City/State/Zip: Caliente, NV 89008

RPTT: _____ QUIT CLAIM DEED

THIS INDENTURE WITNESS that the GRANTOR(S):

Rebecca Ann Doyle for and in consideration of Ten Dollars \$ 10.00 do hereby QUIT CLAIM the right, title and interest, of which is hereby acknowledged, to the GRANTEE(S): Pollyann McFarlane all that real property, situated in the City of Caliente County of Lincoln, State of Nevada bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART THEREOF

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

Rebecca Ann Doyle
Grantor's Signature

Rebecca Ann Doyle
Grantor's Name

865 Mantis Way
Address

Las Vegas, NV 89110
City, State & Zip

Grantor's Signature

Grantor's Name

Address

City, State & Zip

STATE OF NEVADA)

COUNTY OF CLARK)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that REBECCA A. DOYLE whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 26 day of FEBRUARY, 2021.

David Trelles
Notary Public

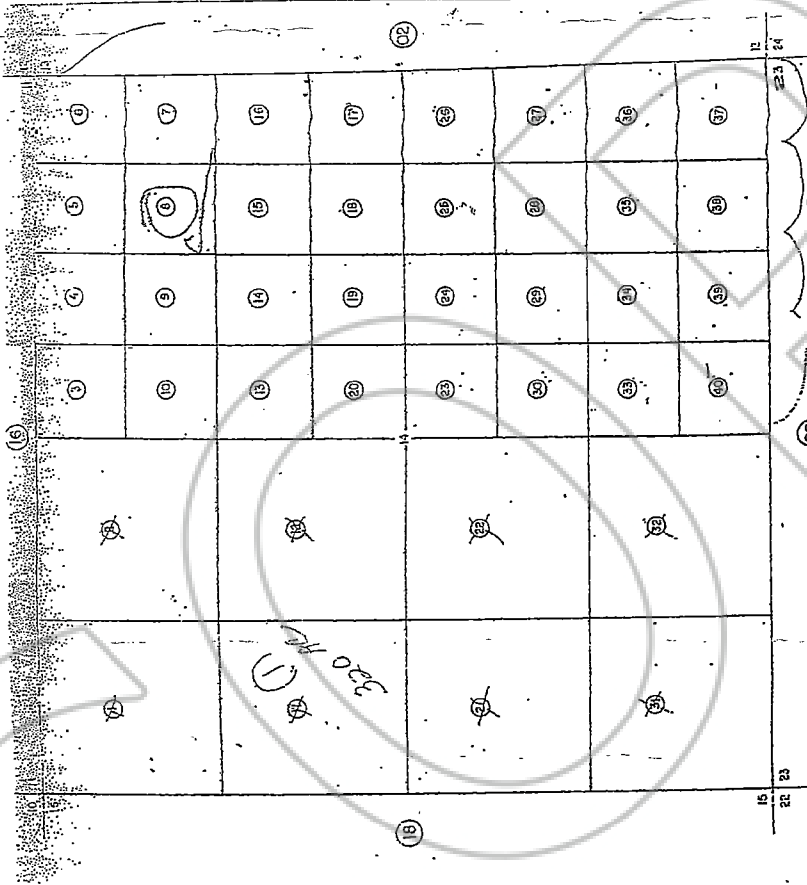
My Commission Expires: 01-21-2025



EXHIBIT "A"

PROPERTY DISCREPTION: (Parcel # 013-170-08) 6913 Russell Rd., Caliente, NV 89008

LINCOLN COUNTY



NOTE: This plat is for assessment use only and does not represent a survey. No liability is assumed for the accuracy of the data contained herein. Use of this plat may affect other than assessment.

All that real property situated in the CITY OF CALIENTE County of Lincoln, State of Nevada,

Bounded and described as follows:

THE SOUTHWEST QUARTER (SW ¼) OF THE NORTHEAST QUARTER (NE ¼) OF THE NORTHEAST QUARTER (NE ¼) OF SECTION 14, TOWNSHIP 13 SOUTH, RANGE 67 EAST, M.D.B. & M.

EXCEPTING THEREFROM THE EASTERLY 25 FEET FOR ROAD AND POWER EASEMENT.

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 013-170-08
- 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: Transferring to daughter to mother.

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 Pollyann McFarlane Capacity Grantee
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Rebecca Ann Doyle
 Address: 865 Mantis Unit 5
 City: Las Vegas
 State: NV Zip: 89110

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Pollyann McFarlane
 Address: PO Box 712
 City: Caliente
 State: NV Zip: 89008

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

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