

APN: 11-160-23

**RECORDING BY:**

CARLING LAW OFFICE, PC  
2522 West 5550 North  
Cedar City, UT 84721

**WHEN RECORDED MAIL TO:  
MAIL TAX STATEMENTS TO:**

Jane Whipple  
4004 Whipple Ranch Road  
Hiko, NV 89017



00006262202101596840030039

OFFICIAL RECORD  
AMY ELMER, RECORDER

E07

**QUITCLAIM DEED**

For good and valuable consideration, the receipt of which is hereby acknowledged,

JANE WHIPPLE, a widow, does hereby grant, transfer, convey, remise, release, and forever quitclaim to

JANE WHIPPLE FAMILY REVOCABLE INTERVIVOS TRUST dated May 10, 2012, in fee simple absolute, all of her right, title, and interest in and to the real property situated in the County of Lincoln, State of Nevada, commonly known as 4004 Whipple Ranch Road, Hiko, NV 89017 and which is more particularly described as follows:

Parcel 2 of Parcel Map for Kent & Jane Whipple Trust recorded January 30, 2003 in Plat Book B, Page 470 as File No.119406 in the Office of the County Recorder, Lincoln County, Nevada, lying with the SW1/4SE1/4 of Section 18, Township 6 South, Range 61 East, M.D.B.&M.

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**SUBJECT TO:**

1. Taxes for the current fiscal year, not delinquent, including any supplemental taxes, which may come due.
2. Covenants, restrictions, conditions, reservations, rights, rights of way and easements now of record, if any.

Together with any and all singular tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

DATED this 4<sup>th</sup> day of March, 2021.

Jane Whipple  
JANE WHIPPLE

STATE OF NEVADA                    )  
  ) ss  
COUNTY OF LINCOLN            )

On this 4 day of March, 2021, before me, a notary public, personally appeared JANE WHIPPLE, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in his authorized capacity, and that by her signature on the instrument, the person or entity upon behalf of which person acted, executed the instrument.

Robin E. Simmers  
NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

**1. Assessor Parcel Number(s)**

- a) 11-160-23
- 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 7
- b. Explain Reason for Exemption: Transfer to a trust with no consideration

**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 [Signature] Capacity agent

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**

Print Name: Jane Whipple  
 Address: 4004 Whipple Ranch Rd  
 City: Hiko, NV  
 State: NV Zip: 89017

**BUYER (GRANTEE) INFORMATION (REQUIRED)**

Print Name: Jane Whipple Family Interviv  
 Address: Revocable Trust Agreement  
 City: 4004 Whipple Ranch Rd  
 State: Hiko NV Zip: 89017

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_