

LINCOLN COUNTY, NV

**2021-159762**

\$37.00

RPTT:\$0.00 Rec:\$37.00

**03/22/2021 02:33 PM**

LEGAL FORMS NEVADA

Pgs=2 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

**Apn: 006-291-20**

**Recording Requested By and Mail Documents  
and Tax Statements To:**

**Name: THE PATRICIA A. ELDER TRUST**

**Address: 617 Bullwhip Court**

**City/State/Zip: Henderson, Nevada 89011**

## QUITCLAIM DEED

**RPTT: 07**

THIS INDENTURE WITNESS That the GRANTOR(S): GERALDINE BAXTER, A Widow, for in consideration of Zero Dollars (\$0.00) do hereby QUITCLAIM the right, title and interest, if any, of which the GRANTOR(S) may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): THE PATRICIA A. ELDER TRUST, u/t/d October 28, 2020, PATRICIA A. ELDER, Trustee in all that real property situated in the County of Lincoln, State of Nevada, bounded and described as follows:

**(Set Forth Legal Description)**

**Legal Description:**

**PARCEL OF LAND IN SW1/4 NE1/4 SECTION 31 TOWNSHIP 1N 69E**

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

In Witness Whereof, I have hereunto set my hand/our hands on this the 2<sup>ND</sup> day of March 2021.

*Patricia A. Elder BA*

Signature of Grantor

PATRICIA A. ELDER, P.O.A. for  
GERALDINE BAXTER  
Grantor

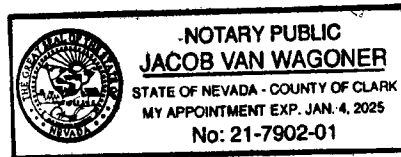
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STATE OF NEVADA            )  
  )  
COUNTY OF CLARK         )

On this the 2<sup>ND</sup> day of March 2021, personally appeared before me, a Notary Public, in and for said county and state, PATRICIA A. ELDER, Power of Attorney for GERALDINE BAXTER personally known to me or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

Witness my hand and official seal.

*[Handwritten Signature]*  
Notary Public  
My Commission Expires: 01-04-2025



**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 006-291-20  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

2. Type of Property:
- |  |  |
|--|--|
| a. <input checked="" type="checkbox"/> Vacant Land | b. <input type="checkbox"/> Single Fam. Res. |
| c. <input type="checkbox"/> Condo/Twnhse           | d. <input type="checkbox"/> 2-4 Plex         |
| e. <input type="checkbox"/> Apt. Bldg              | f. <input type="checkbox"/> Comm'l/Ind'l     |
| g. <input type="checkbox"/> Agricultural           | h. <input type="checkbox"/> Mobile Home      |
| <input type="checkbox"/> Other                     |  |

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

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

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section 07  
 b. Explain Reason for Exemption: Transfer without consideraiton to a trust

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 Patricia A. Elder PSA Capacity: Grantor

Signature \_\_\_\_\_ Capacity: Trustee

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: GERALDINE BAXTER  
 Address: 617 Bullwhip Court  
 City: Henderson  
 State: Nevada Zip: 89011

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: The Patricia A. Elder Trust  
 Address: 617 Bullwhip Court  
 City: Henderson  
 State: Nevada Zip: 89011

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

Print Name: <u>LEGAL FORMS NEVADA</u>	Escrow # _____
Address: <u>2799 E TROPICANA AVE STE H</u>	
City: <u>LAS VEGAS</u>	State: <u>NV</u> Zip: <u>89121</u>