

Prepared By

Name: Fontella Day
Address: 5625 green aub
Alamo
State: Nevada Zip Code: 89001



OFFICIAL RECORD
AMY ELMER, RECORDER

After Recording Return To

Name: Richard Bunch
Address: P.O. Box 1274
Claremont
State: California Zip Code: 91711

Space Above This Line for Recorder's Use

QUIT CLAIM DEED

STATE OF Nevada
Lincoln COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of Sixty Thousand Dollars (\$60,000.00) in hand paid to Pamela Kinsey, a _____, residing at 5510 Central Way County of Lincoln, City of Alamo, State of Nevada (hereinafter known as the "Grantor(s)") hereby remise, release and forever quitclaim to JHM Baptist Church a _____, residing at 19277 Stoddard Wells Rd County of San Bernardino City of Apple Valley, State of California (hereinafter known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in Lincoln County, _____, to-wit:

Parcel Three
APN 10-182-13
Lot 20 Sunset Acres Tract 2

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

Pam Kinsey
Grantor's Signature
Pamela Kinsey
Grantor's Name
5560 Central Way
Address
Alamo, Nevada 89001
City, State & Zip

Grantor's Signature

Grantor's Name

Address

City, State & Zip

In Witness Whereof,

Witness's Signature

Witness's Name

Address

City, State & Zip

Witness's Signature

Witness's Name

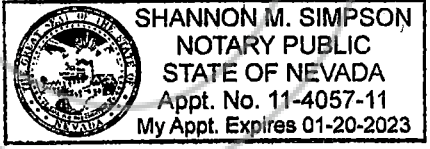
Address

City, State & Zip

STATE OF Nevada)
COUNTY OF Lincoln)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that ** Pamela Jean Kinsey ** 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 17th day of June, 2021.



Shannon M. Simpson
Notary Public

My Commission Expires: 01/20/2023

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 10-182-13
- 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

\$ 60,000.00

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 _____
- 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 richard bunck Capacity Agent of church

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Pamela Kinsey
 Address: 5560 Central Way
 City: Glamo
 State: Nevada Zip: 89001

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: JHM Baptist Church by Richard Bunck
 Address: po box 1274
 City: Claremont
 State: California Zip: 91711

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

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