APN: 001-341-27 Recording requested by and mail documents and tax statements to: William Francis Daniels or Jana Rachelle Daniels  Address: 7251 Lake Farm Ave.  City/State/Zip: Las. Vegas, NV. 89131-3382  DED104mk Nevada Legal Forms & Services www.nevadalegalforms.com	LINCOLN COUNTY, NV RPTT:\$195.00 Rec:\$37.00 Total:\$232.00  MILLIAM FRANCIS DANIELS  O0008184202101614820030035  OFFICIAL RECORD  AMY ELMER, RECORDER
RPTT: QUITCLAIL	M DEED
THIS INDENTURE WITNESS That the GRAN	TOR(S): <u>Gearheart Ranch, LLC</u>
for and in consideration of <u>Fifty Thousand and</u>	no/cents Dollars (\$ 50,000.00 )
do hereby QUITCLAIM the right, title and interest, if	any, which GRANTOR may have in all that real
property, the receipt of which is hereby acknowled	ged, to the GRANTEE(S):
William Francis Daniels or Jana R	achelle Daniels
	<del></del>
all that real property situated in the City of Piocl	ne .
County of <u>Lincoln</u>	, State of <u>Nevada</u>
bounded and described as follows: (Set forth legi-	al description and commonly known address)
Commonly Known Address: Parcel #001-341-27 PARC 32 VINCENT MAP B-192 PIOCHE TOWN	

## Legal Description:

Parcel #001-341-27 PARC 32 VINCENT MAP B-192 PIOCHE TOWN

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

apportaining to:
In Witness Whereof, I/We have hereunto set my hand/our hands on 9th day of September
Jun Jenles J
Signature of Grantor Signature of Grantor
Larry V. Gearneart
Print or Type Name Here Print or Type Name Here
STATE OF Nevada
COUNTY OF Clark
On this 9th day of September 20 21 personally appeared before me
a Notary Public Larry V. Gearheart
☑ personally known to me OR □ proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein
who acknowledged to me that they executed the same freely and voluntarily and for the uses an
purposes therein mentioned. Witness my hand and official seal.
MARGARITA G. BEST Notary Public My Commission Expires: 1-13-2022  MARGARITA G. BEST Notary Public-State of Nevada APPT, NO. 98-0365-1

Notary Public-State of Nevada APPT. NO. 98-0365-1 My Appt. Expires 07-13-2022

## STATE OF NEVADA **DECLARATION OF VALUE FORM** 1. Assessor Parcel Number(s) a) 001-341-27 b) c) d) 2. Type of Property: a) 🔀 Vacant Land b) Single Fam. Res. FOR RECORDER'S OPTIONAL USE ONLY Condo/Twnhse d) 2-4 Plex c) Page: Apt. Bldg f) Comm'l/Ind'l Date of Recording: e) Agricultural h) Mobile Home g) Notes: Other 3. Total Value/Sales Price of Property 50,000 Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value: Real Property Transfer Tax Due 195,00 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 W	Man F. Dank		Capacity	Grantee
Signature	, / /		Composity	_
Signature		<del>-//</del>	Capacity	

SEELER (GIGANTOR) INFORMATION	DULERIU
(REQUIRED)	
Print Name: Gearheart Ranch, LLC.	Print Name:
Address: D - Roy 1170	Address

City: Proche
State: NV Zip: 89043

SELLER (CRANTOR) INFORMATION

## BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: William Francis Daniels or Address: Jana Rachelle Daniels City: 7251 LAKE FARM AVE LAS VEGAS State: NV Zip: 89131

COMPAI	NY/PERSON	REQUE	STING REC	CORDING (re	equired if r	ot seller or b	uyer)

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