

APN 006-301-48

APN _____

APN _____



OFFICIAL RECORD
AMY ELMER, RECORDER

QUIT-CLAIM DEED

Title of Document

Affirmation Statement

 X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____

(State specific law)

Sharon St. John - Seller
Signature Title

SHARON ST. JOHN
Print

12/10/21
Date

Grantees address and mail tax statement:

Kathryn Gandolfo

P. O. Box 5560

Pahrump, NV 89041-5560

A.P.N.: 006-301-48

RECORDING REQUESTED BY: Sharon St. John, P. O. Box

5560, Pahrump, Nevada 89041-5560

MAIL TAX STATEMENT TO: Kathryn Gandolfo, P. O. Box

5560, Pahrump, Nevada 89041-5560

QUIT-CLAIM DEED

SHARON ST. JOHN of Pahrump, County of Nye, State of Nevada, **Grantor** hereby **QUIT CLAIM** to:

KATHRYN GANDOLFO, of Pahrump, County of Nye, State of Nevada and **TYLER JAMES BARTON** of New York, County of New York, State of New York, as Joint Tenants with Full Rights of Survivorship.

**Grantee
for the Sum of
DOLLARS,**

TEN AND NO/100 (and other good and valuable consideration)
the following described tracts of land in Lincoln County, Nevada:

SEE ATTACHED EXHIBIT "A"

Witness the hand of said Grantor, this 10th day of December, 2021.

Sharon St. John
SHARON ST. JOHN

State of Nevada)
) ss.
County of Nye)

On the 10th day of December, 2021, personally appeared before me
Sharon St John

The signer of the foregoing instrument, who duly acknowledged to me that she executed the same.

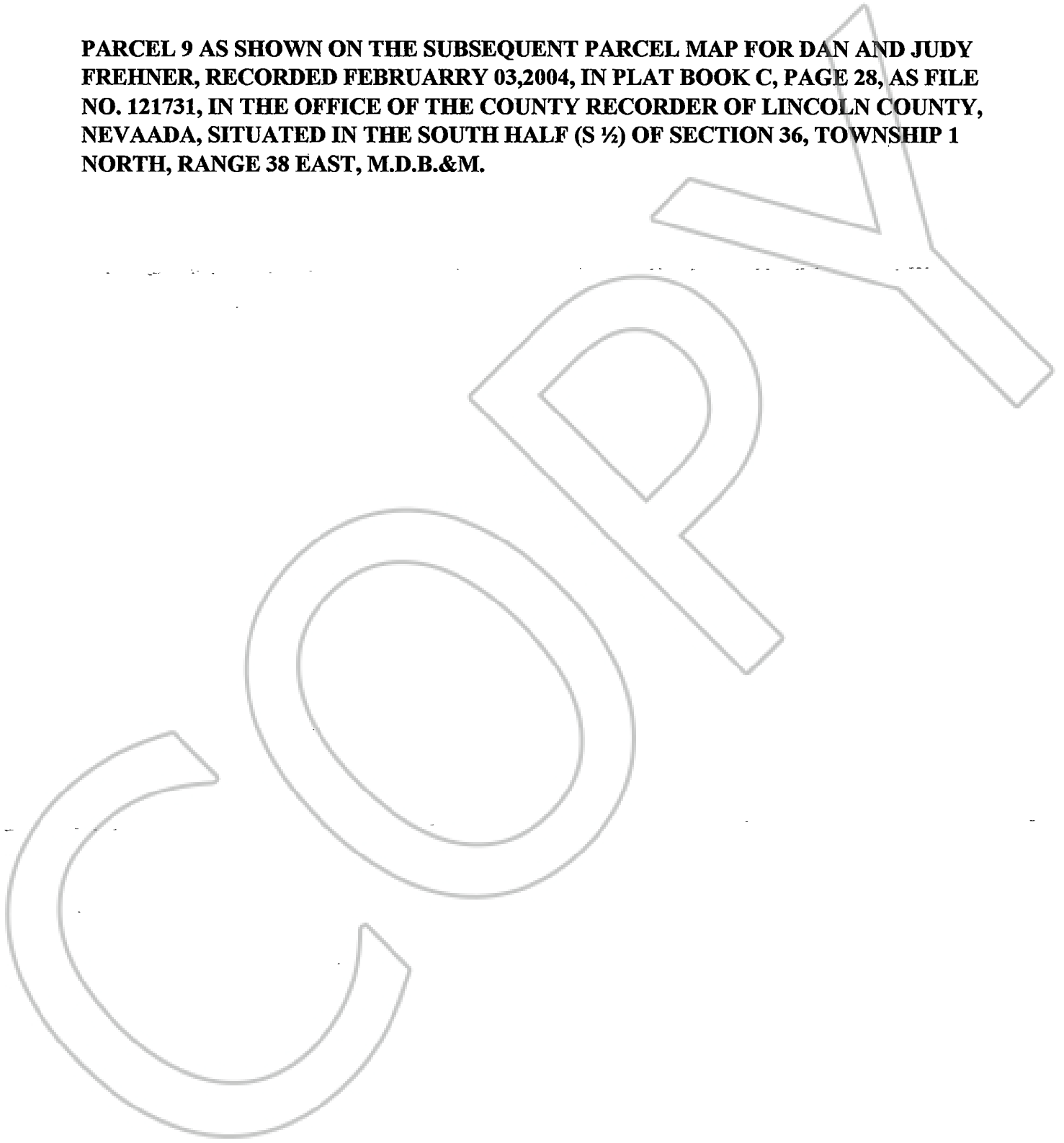
Rita Morse
Notary Public

My Commission expires: 4-8-25
4-25



EXHIBIT "A"

PARCEL 9 AS SHOWN ON THE SUBSEQUENT PARCEL MAP FOR DAN AND JUDY FREHNER, RECORDED FEBRUARY 03, 2004, IN PLAT BOOK C, PAGE 28, AS FILE NO. 121731, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA, SITUATED IN THE SOUTH HALF (S ½) OF SECTION 36, TOWNSHIP 1 NORTH, RANGE 38 EAST, M.D.B.&M.



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 006-301-48
 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 \$ 28,929.00
 Deed in Lieu of Foreclosure Only (value of property) (-0-)
 Transfer Tax Value: \$ 28,929.00
 Real Property Transfer Tax Due \$ 113.10

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 Sharon St. John Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: SHARON ST. JOHN
 Address: P.O. BOX 5560
 City: PAHRUMP
 State: NEVADA Zip: 89041-5560

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: _____
 Address: SEE ATTACHED SHEET
 City: _____
 State: _____ Zip: _____

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

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

GRANTEE INFORMATION

Kathryn Gandolfo

P. O. Box 5560

Pahrump, NV 89041-5560

Tyler James Barton

949 West End Ave. Apt. 9B

New York, New York 10025

