

APN(s): 010-030-08, 010-030-11  
010-030-14, 010-030-15  
010-200-07, 006-151-01  
010-020-02

LINCOLN COUNTY, NV	<b>2022-161932</b>
\$37.00	
RPTT:\$0.00 Rec:\$37.00	02/17/2022 10:07 AM
MCCONNELL LAW OFFICE	Pgs=3 KC
OFFICIAL RECORD	
AMY ELMER, RECORDER	E07

**When recorded return to:**  
McConnell Law Office  
950 Idaho Street  
Elko, Nevada 89801

**Mail Tax Statements to:**  
Marta S. Agee  
2300 Shadow Lane  
Sparks, NV 89434

## **QUITCLAIM DEED**

FOR CONSIDERATION RECEIVED, **MARTA SANFORD AGEE**, a widow, and **MARTA SANFORD AGEE, Trustee of THE ROBERT DIRK AGEE TESTAMENTARY TRUST**, as Grantor, does remise, release and forever quitclaim all of its right, title and interest to **MARTA SANFORD AGEE, as Trustee of the MARTA SANFORD AGEE TRUST** dated February 15, 2022, as Grantee, and to its successors and assigns, forever, the property located in the County of Lincoln, State of Nevada, more particularly described as follows:

SEE EXHIBIT 'A'

TOGETHER WITH all buildings and improvements thereon, if any.

TOGETHER WITH all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, rents, issues and profits thereof, or of any part thereof.

SUBJECT TO all taxes and assessments, reservations, exceptions, easements, rights of way, limitations, covenants, conditions, restrictions, terms, liens, charges and licenses affecting the property of record.

TO HAVE AND TO HOLD the property with the appurtenances to the Grantee and to its successors and assigns, forever.

DATED this 15th day of February, 2022.

**GRANTOR:**

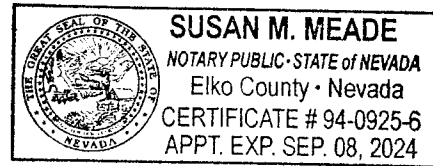
*Marta Sanford Agee*  
MARTA SANFORD AGEE, a widow

*Marta Sanford Agee*  
MARTA SANFORD AGEE, Trustee  
of THE ROBERT DIRK AGEE  
TESTAMENTARY TRUST

STATE OF NEVADA )  
  ) ss  
COUNTY OF ELKO )

On the 15th day of February, 2022, personally appeared before me, a Notary Public, **MARTA SANFORD AGEE**, a widow, and **MARTA SANFORD AGEE, Trustee of THE ROBERT DIRK AGEE TESTAMENTARY TRUST**, personally known to me, or proven to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the above instrument who acknowledged that she executed said instrument.

*Susan M. Meade*  
NOTARY PUBLIC



## EXHIBIT "A"

That certain real property located in Lincoln County, Nevada, more particularly described as follows:

**APN: 010-030-08**

Township 3 South, Range 55 East, M.D.B.&M.  
Section 33: SE 1/4

**APN: 010-030-11, 010-030-14, 010-030-15**

Township 3 South, Range 55 East, M.D.B.&M.  
Section 34: NW 1/4: SW 1/4

**APN: 010-200-07**

Township 4 South, Range 55 East, M.D.B.&M.  
Section 2, Lots 1, 2, and 3, SW 1/4 NE 1/4

**APN: 006-151-01**

Township 1 North, Range 55 East, M.D.B.&M.  
Section 5: Lot 2

**APN: 010-020-02**

Township 2 South, Range 55 East, M.D.B.&M.  
Section 26: SE 1/4 SE 1/4

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 010-030-08, 010-030-11  
 b. 010-030-14, 010-030-15  
 c. 010-200-07, 006-151-01  
 d. 010-020-02

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 RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: Trusts on File KC	

- 3.a. Total Value/Sales Price of Property \$ 0.00  
 b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ ) )  
 c. Transfer Tax Value: \$ 0.00  
 d. Real Property Transfer Tax Due \$ 0.00

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 7  
 b. Explain Reason for Exemption: Transfer to Revocable Trust without 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 [Signature] Capacity: AGENT

**SELLER (GRANTOR) INFORMATION**

Print Name: Marta Sanford Agee, Trustee  
 Address: 2300 Shadow Lane  
 City: Sparks  
 State: NV Zip: 89434

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

Print Name: Marta Sanford Agee, Trustee  
 Address: 2300 Shadow Lane  
 City: Sparks  
 State: NV Zip: 89434

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

Print Name: MCCONNELL LAW OFFICE Escrow # \_\_\_\_\_  
 Address: 950 IDAHO STREET  
 City: ELKO State: NV Zip: 89801

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED