

Prepared by:

Edward Potter
327 High St.
Pioche, NV 89043



OFFICIAL RECORD
AMY ELMER, RECORDER

After Recording Return to:

Edward Potter
P.O Box 583
Pioche, NV 89043

TAX PARCEL ID# 001-122-14

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Daryl Mason, ("Grantor") whose address is 6133 E Owens Ave, Las Vegas, Nevada 89110, hereby **REMISES, RELEASES AND FOREVER QUITCLAIMS TO** Edward Potter ("Grantee"), whose address is 327 High St. Pioche, Nevada 89043 all right, title, interest and claim to the following real estate property located at 824 Ely St. in the City/Township of Pioche, located in the County of Lincoln and State of Nevada and ZIP code of 89043, to-wit:

Property having the following legal description: LOT 1, N 28' 39, BLK 23.

FOR VALUABLE CONSIDERATION, in the amount of \$30,000.00 Promissory Note (attached), given in hand, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged.

BE IT FURTHER KNOWN, that this transfer shall be effective as of 04/08/2022, and that the Grantor makes no promises as to ownership of title to the above-referenced Property, but simply agrees to transfer whatever interest the Grantor has in it to the Grantee.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described Property is hereby transferred unto the Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any party thereof.

Daryl Mason
(Grantor's Signature)

Daryl Mason
(Grantor's Printed Name)

Edward Potter
(Grantee's Signature)

Edward Potter
(Grantee's Printed Name)

Grantee's Address:
Edward Potter
327 High St.
Pioche, Nevada 89043

Grantor's Address:
Daryl Mason
6133 E Owens Ave
Las Vegas, Nevada 89110

Mail Subsequent Tax Bills To:
Edward Potter
P.O Box 583
Pioche, Nevada 89043

NOTARY for GRANTOR:

State of Nevada County of CLARK

The foregoing instrument was acknowledged before me

This 7th day of April, 20 22

By Christina Tompkins

Notary Public

My Commission Expires 2/3/2024



Christina M Tompkins

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 001-122-14
- 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

\$ 30,000.

Deed in Lieu of Foreclosure Only (value of property) (_____)

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ 117.

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section _____
- b. Explain Reason for Exemption: _____

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 _____ Capacity _____

Signature [Signature] Capacity GRANTEE

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: DARYL MASON
Address: 6133 E OWENS AVE
City: LAS VEGAS
State: NV Zip: 89110

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: EDWARD POTTER
Address: 327 HIGH ST PO BOX 583
City: PIOCHÉ
State: NV Zip: 89043

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

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