

After recording please return to: )  
Name: ROBERT + DEEANN HANSEN )  
Address: 35 MAIN ST )  
City, State, Zip: ALAMO, NV 89001 )  
Phone: \_\_\_\_\_ )  
Assessor's Parcel Number 004-052-15 )



OFFICIAL RECORD  
AMY ELMER, RECORDER

—Above This Line Reserved For Official Use Only—

### QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:  
That Dee A. Smith, Bertha Smith, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to Robert D. Hansen, DeeAnn Hansen Husband and wife as joint tenants as owners, all that real property situated in the town of Alamo, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

The real property situate in the County of Lincoln, State of Nevada, described as follows:  
Lot 2A of that certain parcel map, recorded in Official Records of Lincoln County, Nevada, on July 8, 1991, in Book A of Plats, Page 347, as Instrument No. 97040, being a portion of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SW 1/4) of section 5, Township 7 South, Range 61 East, M.D.B.&M.

- Subject to:  
1. All general and special taxes for the current fiscal year.  
2. Covenants, Conditions, Restrictions, Reservations, Rights of Way and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Commonly known as Lot 2A Land

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS hand(s) this 6 day of October, 2022.

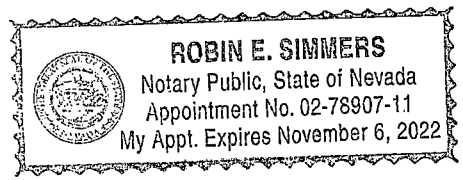
Dee A. Smith  
Signature of Grantor DEE A. SMITH

Bertha M. Smith  
Signature of Grantor BERTHA M. SMITH

STATE OF NEVADA )  
COUNTY OF LINCOLN )

This instrument was acknowledged before me on this 6 day of October, 2022 by Dee A. Smith and Bertha M. Smith

Robin E. Simmers  
NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 004-052-15  
 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 \$ 10,000  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due \$ 39.00

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: 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 Robert D. Hansen Capacity GRANTEE  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: DEE A. SMITH, BERTHA SMITH  
 Address: 74 MAIN ST  
 City: ALAMO  
 State: NV Zip: 89001

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: ROBERT D + DEE ANN HANSEN  
 Address: PO BOX 174  
 City: ALAMO  
 State: NV Zip: 89001

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_