

After recording, please return to:

Name: Michelle Anthony and Jessica Anthony  
 Address: PO Box 028  
Pioche NV 89043  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Assessor's Parcel Number 001-112-20

LINCOLN COUNTY, NV

2023-164640

Rec:\$37.00

Total:\$37.00

05/10/2023 01:40 PM

FLORENCE ANTHONY

Pgs=2 KC



00011652202301646400020023

OFFICIAL RECORD  
AMY ELMER, RECORDER

E05

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### QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That Florence Anthony, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to Michelle Anthony and Jessica Anthony as Joint Tenants with rights of Survivorship, all that real property situated in the town of Pioche, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

Lot 53, 54, 55 in block 26 in the town of Pioche, Lincoln County, Nevada as said lot and block are Platted and described on the official plat of said town of Pioche, now on file and of record in the office of the county recorder of said Lincoln County, Nevada and to which plat and the records thereof is hereby made for further particular description.

Commonly known as 849 Ely Street

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

WITNESS my hand(s) this 10 day of May, 2023.

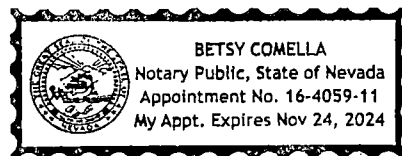
[Signature]  
 Signature of Grantor Florence Anthony

\_\_\_\_\_  
 Signature of Grantor

STATE OF NEVADA )  
 COUNTY OF LINCOLN )

This instrument was acknowledged before me on this 10<sup>th</sup> day of May, 2023 by Florence Anthony and \_\_\_\_\_.

Betsy Comella  
 NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 001-112-20
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property:

- |  |   |
|--|---|
| a) <input type="checkbox"/> Vacant Land  | b) <input checked="" type="checkbox"/> Single Fam. Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex                    |
| e) <input type="checkbox"/> Apt. Bldg    | f) <input type="checkbox"/> Comm'l/Ind'l                |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home                 |
| <input type="checkbox"/> Other           |   |

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ 0  
 Transfer Tax Value: ( \_\_\_\_\_ )  
 Real Property Transfer Tax Due \$ 0

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 5
- b. Explain Reason for Exemption: mother transferring to daughters.

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 [Signature] Capacity grantor  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
(REQUIRED)

Print Name: Florence Anthony  
 Address: PO Box 628  
 City: Pioche  
 State: NV Zip: 89043

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

Print Name: Michelle Anthony and Jessica Anthony  
 Address: PO Box 628  
 City: Pioche  
 State: NV Zip: 89043

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

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