



OFFICIAL RECORD
AMY ELMER, RECORDER

APN:001-034-02
Recording requested by and mail documents and
Tax statements to:

Name:Jimmy Earl Chaffin

Address: 1510 Arabian Dr.

City/State/Zip: Henderson, NV. 89002

DED115
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

RPTT: _____

QUITCLAIM DEED

Dated this 30 day of May, 2023.

For valuable consideration, the sum of Twenty Thousand,
Dollars (\$20,000) I/We, the undersigned, Bert L. Cox and Natalie Cox
who acquired title to that certain property described below, and who is the Grantor(s) herein, does hereby
Quitclaim to: Jimmy Earl Chaffin,
as Joint Tenants, and Grantee(s) all that real property situated in the Town of Pioche,
County of Lincoln, State of Nevada,
Described as: (set forth legal description and commonly known address)
Lots 13 & 14 inclusive in Block 41 of the Town of Pioch, Nevada, as shown on Supplement "A" to the
Official Map of said Town of Pioche, recorded September 10, 1936 in Book A-1 of Plats, page 61 Lincoln
County, Nevada records.

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE
WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING
REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER

In Witness Whereof, I/We hereunto set my/our hands this 30th day of May 2023.

Bert L. Cox

Signature

Bert L. Cox
Print or type name here

Natalie Cox

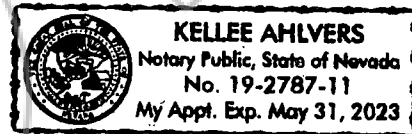
Signature

Natalie Cox
Print or type name here

STATE OF NEVADA)
COUNTY OF ~~ELKO~~ Lincoln

On this 30 day of May, 2023, personally appeared
before me, a Notary Public, _____

personally known to me OR proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who
acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes
therein mentioned. Witness my hand and official seal.



Notary Public Kellee Ahlvers
My commission expires: MAY, 31 2023

Consult an attorney if you doubt this forms fitness for your purpose.

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 001-034-02
 b. _____
 c. _____
 d. _____

2. Type of Property:
- | | |
|--|--|
| a. <input checked="" type="checkbox"/> Vacant Land | b. <input 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 RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ 20,000
 b. Deed in Lieu of Foreclosure Only (value of property (0))
 c. Transfer Tax Value: \$ 20,000
 d. Real Property Transfer Tax Due \$ ~~102.00~~ 78.00

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

5. Partial Interest: Percentage being transferred: _____ %
 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 *Bert L. Cox* Capacity: Owner

Signature *[Signature]* Capacity: Buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Bert L. Cox & Natalie Cox
 Address: PO Box 762
 City: Caliente
 State: NV Zip: 89008

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Jimmy Earl Chaffin
 Address: 1510 Arabian Dr.
 City: Henderson
 State: NV Zip: 89002

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED