

APN 001-073-17

APN \_\_\_\_\_

APN \_\_\_\_\_



OFFICIAL RECORD  
AMY ELMER, RECORDER

E05

Quitclaim DEED

Title of Document

Affirmation Statement

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

\_\_\_\_\_ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: \_\_\_\_\_  
(State specific law)

Sharron R Skupa, Grantor  
Signature Title

SHARRON R. SKUPA  
Print

June 5, 2023  
Date

Grantees address and mail tax statement:

Amanda R. & Matthew E TRUAX  
1204 SANTA YNEZ AVENUE  
HENDERSON NV 89002

When recorded please return to:  
Amanda R. and Matthew E. Truax  
1204 Santa Ynez Avenue  
Henderson, NV 89002  
APN 001-073-17

## QUITCLAIM DEED

For valuable consideration, the sum of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, **SHARRON R. AND WILLIAM S. SKUPA**, husband and wife as Joint Tenants the undersigned Grantors,

Do hereby REMISE, RELEASE and FOREVER QUITCLAIM to **AMANDA R. TRUAX AND MATTHEW E. TRUAX**, husband and wife as Joint Tenants with Rights of Survivorship, Grantees, the following described real property in the State of Nevada, Count of Lincoln:

**Lots Twelve (12) and Thirteen (13) in Block Thirty-Three (33)  
In the town of Pioche, County of Lincoln, State of Nevada**

**A.K.A.: 603 McCannon Street, Pioche, Nevada 89043**

**ASSESSORS PARCEL NO. (APN): 001-073-17**

IN WITNESS WHEREOF, I hereunto set my hand this date May 19, 2023.

Sharron R. Skupa  
Signature

SHARRON R. SKUPA, Grantor

William S. Skupa  
Signature

WILLIAM S. SKUPA, Grantor

STATE OF NEVADA)

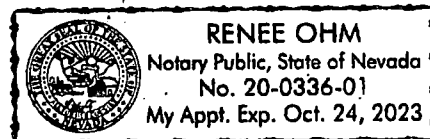
) ss  
COUNTY OF CLARK)

This instrument was acknowledged before me

on May 19, 2023,

by Sharron R. Skupa and William S. Skupa

Renée Ohm  
NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 001-073-17  
 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 \$ \_\_\_\_\_  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 Transfer Tax Value: \$ 0  
 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: Transfer from parent to children

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 Sharon R Skupa Capacity Grantor  
 Signature [Signature] Capacity Grantee

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: SHARRON R. & William S. Skupa  
 Address: 2412 Greens Ave  
 City: Henderson  
 State: NEVADA Zip: 89014

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: Amanda R & Matthew E. Truax Stwrs  
 Address: 1204 Santa Ynez Ave  
 City: Henderson  
 State: NEVADA Zip: 89002

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