A.P.N.:

001-071-03

File No:

13896-2669394 (TV)

R.P.T.T.:

\$97.50

LINCOLN COUNTY, NV

2024-166381

\$134.50

RPTT:\$97.50 Rec:\$37.00

01/04/2024 12:02 PM

FIRST AMERICAN TITLE INSURANCE COMPANIS-2 AE

**OFFICIAL RECORD** 

AMY ELMER, RECORDER

When Recorded Mail To: Mail Tax Statements To: Charles Lindsay and Gail Lindsay and Aaron Lindsay and Robbie Lindsay Box 295
Moapa, NV 89025

## GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Samantha Barbee Horowitz Johnson, Administrator of the Estate of Stephanie W Allen (aka Stephanie Willa Allen) Deceased, Probate Case No. PR0300823

do(es) hereby GRANT, BARGAIN and SELL to

Charles Lindsay and Gail Lindsay, husband and wife, and Aaron Lindsay and Robbie Lindsay, husband and wife, all as joint tenants

the real property situate in the County of Lincoln, State of Nevada, described as follows:

ALL OF LOTS NINE (9), TEN (10), AND ELEVEN (11) IN BLOCK THIRTY-SIX (36), IN THE TOWN OF PIOCHE, NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, STATE OF NEVADA.

*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.

## Subject to

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

	The Estate of Stephanie W Allen (aka Stephanie
	Willa Allen) deceased Probate Case No.
	PR0300823
	Att // /
	Samantha Barbee Horowitz Johnson,
	Administrator
_	Samanma Barbie Hurowitt
	Sumantha Tariste Horovolli
	Laborer - Nda -1
	Johnson, Administrator
	7 / \ \
	STATE OF Nevada )
	O. I. SS.
	COUNTY OF CLARK
	<u> </u>
	This instrument was acknowledged before me on December 21, 2023 by
	Samantha Backer Horowitz Johnson, administrator of
	The Estate of Stephanie W Allen
	LYDIA HENLEY
	NOTARY PUBLIC
	Notary Public STATE OF NEVADA  Notary Public My Commission Expires: 11-28-26
př	(My commission expires: 11-28-26 Certificate No: 15-3019-1
	(Ply Continues in the second )
ř	This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed under Escrow
	No. 13896-2669394.

## STATE OF NEVADA **DECLARATION OF VALUE**

1.	Assessor Parcel Number	er(s)					
a)	001-071-03				( )		
b)			•		\ \		
c). d)			-		\ \		
			-		\ \		
2.	Type of Property	h) w Cinala Fam D	as <u>FO</u> F	R RECORDERS O	DTTONAL USE		
a)	Vacant Land	b) x Single Fam. R			\ \		
c)	Condo/Twnhse	d) 2-4 Plex	Book		e:		
e)	Apt. Bldg.	f) Comm'l/Ind'l		of Recording:			
g)	Agricultural	h) Mobile Home	Note	S:			
i)	Other		/				
3. a) Total Value/Sales Price of Property: \$25,000.00							
	b) Deed in Lieu of Fore	eclosure Only (value of	property)	(_\$	)		
	c) Transfer Tax Value:	( '		\$25,000.00			
	d) Real Property Trans	sfer Tax Due		\$97.50			
4.	If Exemption Claims	<u>ed:</u>					
	a. Transfer Tax Exem	ption, per 375.090, Sec	ction:	<b>Y</b> /			
	b. Explain reason for e	exemption:					
_				100.00			
5.		ntage being transferred		100 %	nursuant to NRS		
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							
info	information provided	d can be supported by	documenta	ition if called upor	n to substantiate		
Clai	med evemption or oth	ier determination of a	aditional ta	ix dile. mav resilli	r in a benaity of		
109	% of the tax due plus in er shall be jointly and s	nterest at 1% per mont	th. Pursua additional a	nt to NRS 375,030	0, the Buyer and		
	nature:	icversity liable for arry c	Capaci		anter		
	nature:		Capaci				
9	SELLER (GRANTOR)			ER (GRANTEE) I			
	(REQUIR	RED) ephanie W Allen (aka	/ /	(REQUIRI	E <b>D)</b> ndsay and Gail		
	Stephanie Wi	filla Allen) Deceased,	_/	Lindsay ar	nd Aaron Lindsay		
	it Name: Probate Case	e No. PR0300823		lame: <u>and Robbi</u> ss: かい	e Lindsay		
Add	Iress: 2021 1-15	pen our	Addres	100	<u>ا ک</u>		
City		<u> </u>	_ City:	moana	00105		
Sta	te:       //VV/ MPANY/PERSON RE(	Zip: <u>89134</u>	State:		Zip: <u>840~</u> >		
<u>CO</u>		Title Insurance	ind (requ	<u>neu n'not sener</u>	or buyer)		
Prir	nt Name: Company	True Insurance	File Nu	mber: <u>13896-2669</u>	9394 TV/ TV		
796		ston Blvd, Suite 180	— Chahai	NI) 7	in. 9012E		
City: Las Vegas State: NV Zip: 89135  (AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)							
X	Samanth	na Barbie	Horov	witz Juhr	nsch,		
	Nan	- 5 h 10 1 11/		$\vee$			

Haministrator