

Prepared By

Name: TAMMY HUBBARD
Address: 120 CEMETERY RD.
CALIENTE
State: NEVADA Zip Code: 89008


00013619202401665290030030
OFFICIAL RECORD E07
AMY ELMER, RECORDER

After Recording Return To

Name: TAMMY HUBBARD
Address: PO BOX 866
CALIENTE
State: NEVADA Zip Code: 89008

Space Above This Line for Recorder's Use

QUIT CLAIM DEED

STATE OF NEVADA

LINCOLN COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of _____ (\$ _____) in hand paid to JERRY MAEDER FAMILY TRUST, a _____, residing at N/A, County of LINCOLN, City of CALIENTE, State of NEVADA (hereinafter known as the "Grantor(s)") hereby remise, release and forever quitclaim to TAMMY HUBBARD, a _____, residing at 120 CEMETERY RD., County of LINCOLN, City of CALIENTE, State of NEVADA (hereinafter known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in LINCOLN County, _____, to-wit:

PARCEL NUMBER: 003-143.05 OFFICIAL RECORDS, LINCOLN COUNTY NEVADA

Lots 10, 11 & E 1/2 of 12 of Block A West End Addition of the City of Caliente, Nevada

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.



T Hubbard
Grantor's Signature
TAMMY HUBBARD
Grantor's Name
PO BOX 866
Address
CALIENTE, NV. 89008
City, State & Zip

Grantor's Signature

Grantor's Name

Address

City, State & Zip

In Witness Whereof,

Witness's Signature

Witness's Name

Address

City, State & Zip

Witness's Signature

Witness's Name

Address

City, State & Zip

STATE OF NEVADA)
COUNTY OF LINCOLN)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Tammy Hubbard whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 16 day of Jan, 2024.

Crystal Budreau
Notary Public



My Commission Expires: Feb 1, 2027



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 003-143-05
 b) _____
 c) _____
 d) _____

2. Type of Property:
- | | | | |
|-----------------------------|--------------|--|------------------|
| a) <input 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 checked="" 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: <u>Trust on file</u>	

3. Total Value/Sales Price of Property \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (. _____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 7
 b. Explain Reason for Exemption: Transfer From Trust Without Consideration

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 Tammy Hubbard Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Jerry Maeder Family Trust
 Address: 120 Cemetery Rd
 City: Caliente
 State: Nevada Zip: 89008

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Tammy Hubbard
 Address: 120 Cemetery Rd
 City: Caliente
 State: Nevada Zip: 89008

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____