

**Prepared By**

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



OFFICIAL RECORD  
AMY ELMER, RECORDER

E07

**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: 003-101-15 Parcel 1 OFFICIAL RECORDS, LINCOLN COUNTY NEVADA

Parcel 1 of the Jerry Maeder Parcel Map recorded July 23 2010 Document No. 0136158  
Lincoln County Recorder's Office, 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

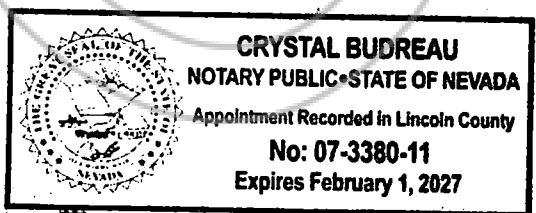
\_\_\_\_\_  
Witness's Signature  
\_\_\_\_\_  
Witness's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip

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 11 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) 003-101-15
- 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: <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 Shant Subband Capacity Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

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

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

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

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

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