

After recording, please return to:

Name: William m. Winters
Address: P.O. Box 555
Caliente NV, 89008
City, State, Zip:
Phone: 307-707-1882
Assessor's
Parcel Number 003-003-04



OFFICIAL RECORD
AMY ELMER, RECORDER

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QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That Christina L. Maeder, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to William m Winters as is 447. Dixon St. Caliente NV, 89008, all that real property situated in the town of Caliente, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

lot 3 on Block 15 of Caliente, NV, as shown in official plat in the Recorders office of Lincoln county NV, ~~is~~ being in section 7~~8~~ of township 4 South Range 67 East, MDB&M

Commonly known as 447. Dixon St. Caliente NV, 89008

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS ___ hand(s) this 1 day of April, 2024.

Signature of Grantor

Christina Maeder
Signature of Grantor
Christina Maeder

STATE OF NEVADA)
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this 1st day of April, 2024 by Christina L. Maeder and _____

Maeder
NOTARY PUBLIC



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 003-083-04
 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

\$ 55,000
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 214.50

4. **If Exemption Claimed:**

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

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 Christina Maede Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Christina L. Maede
 Address: P.O. Box 486
 City: CAHENTE
 State: NV Zip: 89008

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: William M Winters
 Address: P.O. Box 555
 City: CAHENTE
 State: NV Zip: 89008

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

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