

After recording please return to:

Name: Kyle Brent & April Shumway
Address: PO Box 687
City, State, Zip: Alamo, Nevada 89001
Phone: 702-348-9909
APN: 004-114-07



OFFICIAL RECORD
AMY ELMER, RECORDER

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QUIT CLAIM DEED

IT WAS ACKNOWLEDGED THIS DAY:

That Elaine S. Shumway, Trustee of the Elaine S. Shumway Living Trust, hereby known as ("Grantor"), for valuable consideration, the receipt of which is hereby acknowledged, does hereby grant, convey, and dedicate to Kyle Brent Shumway & April Shumway (Grantee), that certain real property located in the County of Lincoln, State of Nevada, as being a portion of the NE¼ of Section 8, Township 7 South and Range 61 East, Mount Diablo Meridian. Also shown on the Subsequent Parcel Map for the Elaine S. Shumway Living Trust, Document Number 2024-166898 and more particularly described as follows:

Parcel Number two (2) of the Subsequent Parcel Map for Elaine S. Shumway Living Trust, recorded in the Lincoln County Recorder's Office on May 20th, 2024, Document Number 2024-166898

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

WITNESS Grantors' hands this 20th day of May, 2024.

Elaine S. Shumway
Elaine S. Shumway, Trustee
Elaine S. Shumway Living Trust

STATE OF)
) ss:
COUNTY OF)

This instrument was acknowledged before me on this 20th day of May, 2024 by Elaine S. Shumway, Trustee of the Elaine S. Shumway Living Trust

M Howard
NOTARY PUBLIC



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 4-114-07
 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 \$ 50,000
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 195.00

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 Elaine S. Shumway Capacity Owner
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Elaine S. Shumway
 Address: P.O. Box 175
 City: Alamo
 State: NV Zip: 89001

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Kyle Brent & April Shumway
 Address: P.O. Box 687
 City: Alamo
 State: NV Zip: 89001

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