LINCOLN COUNTY, NV RPTT:\$3120.00 Rec:\$37.00 Total:\$3,157.00

2024-167458

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OMALA GROUP LLC

Pgs=3 AK

Assessor's Parcel #: 011-200-50, 011-200-51					
Prepared By:					
Name: Tamara Allen					
Address: 1611 Derby Drive					
Henderson, NV, 89002					
After Recording Return To:					
Name: Omala Group LLC					
Address: 1309 E COFFEEN AVE STE 1200					
SHERIDAN, WYOMING 82801					

STATE OF NEVADA

000146472024	0167458003003	5
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OFFICIAL RECORD
AMY ELMER, RECORDER

Space above this line for recorder's use only

NEVADA QUIT CLAIM DEED

LINCOLN	COUNTY		No.		
			\ <		
KNOW ALL MEN	BY THESE PRESE	NTS, that for and i	n considera	ation of the su	m of
ZERO DOLLARS AND	ZERO CENTS	(\$ 0.00) in hand paid	to
SOLUTIONS OF SOB	RIETY NV, LLC	, a CORPORATIO	<u>)N</u> ,	with a mailing	g address of
2111 WINDMILL CIRC	LE, ALAMO, NV 89001		\	\ /	
(hereinafter know	n as the "Grantor(s)"	') hereby remise, re	elease, and	d forever quitc	laim to
OMALA GROUP LLC		, a CORPORATIO	N,	with a mailing	g address of
1309 COFFEEN AVE	STE 1200, SHERIDAN, WY	OMING 82801			
76.	n as the "Grantee(s) ed real estate, situate			and claim in o y, Nevada, to-	
PARCELS 3 A	ND 4 AS SHOWN (ON THE PARCEI	MAP FC	R DENNIS T	 Г. &
1	ERK.INS\ RECOR	and the same of th	F .		
	16554, FILED IN T		•		•
	NTY, NEVADA.	112 011 102 01			,
	[WRITE LEGAL DES	CRIPTION HERE OR	ATTACH ANI	D INSERT]	
The legal descrip	tion was prepared by	TAMARA ALLEN		_, residing at	
1611 DERBY DRIVE,	HENDERSON, NV, 89002	<i>(</i>	This inform	nation is only r	equired if the
legal property de	scription is provided i	in metes and boun	ds.)		

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.

A statement of the taxes assessed on the foregoing real estate shall be sent by mail to , residing at 1309 COFFEEN AVE STE 1200, SHERIDAN, WYOMING 82801 OMALA GROUP LLC **Grantor's Signature Grantor's Signature** SOLUTIONS OF SOBRIETY NV, LLC Grantor's Name Grantor's Name 2111 WINDMILL CIRCLE Street Address Street Address ALAMO, NV 89001 City, State & ZIP City, State & ZIP STATE OF NEVADA COUNTY OF CLARK I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that TAMARA ALLEN , whose name is 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 09/13/2024 (mm/dd/yyyy)

> Notary Public - State Of Nevada COUNTY OF CLARK

DIEGO LABANDERA

My Appointment Expires
April 1, 2028

My Commission Expires: HDT1 , 2028

STATE OF NEVADA **DECLARATION OF VALUE FORM** 1. Assessor Parcel Number(s) a) OH-200-50b) 011-200-51 c) d) 2. Type of Property: Vacant Land Single Fam. Res. FOR RECORDER'S OPTIONAL USE ONLY a) [b)[Condo/Twnhse d)[2-4 Plex c) Page: Date of Recording: Apt. Bldg f) |不 Comm'l/Ind'l e) Agricultural Mobile Home g) h) Notes: Other 800,000,008 3. Total Value/Sales Price of Property \$ Deed in Lieu of Foreclosure Only (value of property) 312000 Transfer Tax Value: \$ Real Property Transfer Tax Due 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section b. Explain Reason for Exemption: 5. Partial Interest: Percentage being transferred: 250 % 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. Capacity Dreator of Operations Signature Capacity _____ Signature **BUYER (GRANTEE) INFORMATION SELLER (GRANTOR) INFORMATION** (REQUIRED) Print Name: OMALA Crosp US Address: 1309 Coffeen Ave St 120 Print Name: Solutions on Same Address: Zul Windmill Cr. City: Sheridan City: Mamo State: WY Zip: 8280(State: XV Zip: \$900/ COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer) Print Name: Escrow #:

State:

Zip:

Address: ____ City: