

DOC # 0221446

09/13/2012

01:18 PM

Official Record

Recording requested By  
ROBERT MCKINNEY

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1  
RPTT: Recorded By: FES  
Book- 538 Page- 0169

QUIT CLAIM DEED

APN: 005-030-13

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: KATHLEEN OBERST

Address: 5305 ABILENE DR.

City/State/Zip: SILVER SPRINGS NV. 89429



0221446

THIS INDENTURE WITNESS That the GRANTOR(S): KATHLEEN OBERST

\_\_\_\_\_ for and in consideration of  
GIFT to SON Dollars (\$ 0 ) do hereby QUIT CLAIM

the right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of which  
is hereby acknowledged, to the GRANTEE(S): ROBERT A. MCKINNEY whose

address is (if applicable): 5305 ABILENE DR, situate in the  
City of SILVER SPRINGS, County of LYON, State of NEVADA, All

that certain property in the County of Eureka, State of Nevada bounded and described as follows:  
(Set forth legal description)

005-030-13, T31N, R48E SEC. 9 SW4 LOT 3

Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on \_\_\_\_\_

Kathleen Oberst  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

STATE OF NEVADA )  
LYON )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) August 30, 2012.  
By (person(s) appearing before notary public) Kathleen Oberst

Leah M. Johnson  
Notary Public

My Commission expires: 02-09-2016



# STATE OF NEVADA DECLARATION OF VALUE

## DOC # DV-221446

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FOR F

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Book:  
Date  
Notes:

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Page 1 of 1 Fee: \$14.00

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#### 1. Assessor Parcel Number (a)

- a) 005-030-09
- b) 005-500-03
- c) \_\_\_\_\_
- d) \_\_\_\_\_

#### 2. Type of Property:

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" 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 type="checkbox"/> | Comm/Indl       |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

#### 3. Total Value/Sales Price of Property:

\$ 2,400

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: 5
- b. Explain Reason for Exemption: TRANSFER FROM FATHER TO SON

#### 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 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 ROBERT A. MCKINNEY Capacity: Buyer.

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

#### SELLER (GRANTOR) INFORMATION

#### BUYER (GRANTEE) INFORMATION

(REQUIRED)	(REQUIRED)
Print Name: <u>MCKINNEY FAMILY TRUST</u>	Print Name: <u>ROBERT A. MCKINNEY</u>
Address: <u>26035 Boulevard Blvd</u>	Address: <u>5305 ABILENE DR.</u>
City: <u>SANTA CLARITA</u>	City: <u>SILVER SPRINGS</u>
State: <u>CA</u> Zip: <u>91350</u>	State: <u>NV.</u> Zip: <u>89429</u>

#### COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)