

DOC # 0225262

11/25/2013 01:36 PM

Official Record

Recording requested By  
JOHNSA WINTERS

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$40.00 Page 1 of 2  
RPTT: Recorded By: LLH  
Book- 558 Page- 0006



0225262

Recording requested by: Joshua L. Winters

Space above reserved for use by Recorder's Office

When recorded, mail to: and tax statements

Document prepared by:

Name: Joshua L. Winters

Name Joshua L. Winters

Address: HC 66 Box 2-8

Address HC 66 Box 2-8

City/State/Zip: Beowawe NV 89821

City/State/Zip Beowawe NV 89821

Property Tax Parcel/Account Number: T30N, R50E, Section 5, NE4SE4 APN#005-690-14

### Quitclaim Deed

This Quitclaim Deed is made on November 25<sup>th</sup> 2013, between

MICHELE MICKELSEN WINTERS, Grantor, of 1120 IMLAY AVE, SPRING CREEK, NV  
89815, City of SPRING CREEK, State of NV,

and Joshua L. Winters, Grantee, of 85 Winters Range Rd.  
Beowawe, City of Beowawe, State of Nevada.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs

and assigns, to have and hold forever, located at 85 Winters Range Road  
Beowawe, City of Beowawe, State of Nevada.

T30N, R50E, Section 5, NE4SE4, APN 005-690-14

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of 2013 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: November 25<sup>th</sup> 2013

[Signature]  
Signature of Grantor

MICHELE MICKELSEN WINTERS  
Name of Grantor

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Printed Name of Witness #1

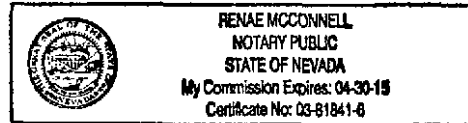
\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Printed Name of Witness #2

State of Nevada County of Elko

On November 25, 2013, the Grantor, Michele Mickelsen Winters personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature]  
Notary Signature



Notary Public,

In and for the County of Elko State of Nevada

My commission expires: 4/30/15 Seal

Send all tax statements to Grantee.



STATE OF NEVADA  
DECLARATION OF VALUE FORM

DOC # DV-225262  
11/25/2013 01:36 PM

Official Record

Recording requested By  
JOHSUA WINTERS

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$40.00  
Recorded By: LLH RPTT:  
Book- 558 Page- 0006

1. Assessor Parcel Number(s)  
a) APN# 005-690-14  
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 \_\_\_\_\_

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 #5  
b. Explain Reason for Exemption: #5 Transfer from wife, to husband

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

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 \_\_\_\_\_ Capacity \_\_\_\_\_

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

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

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

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

Print Name: Josh Winters  
Address: HC 66 Box 2-8  
City: Beowawe  
State: NV Zip: 89821

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

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