

QUIT CLAIM DEED

APN: 002-049-09

DOC # **0227724**

08/28/2014

1:00 PM

Official Record

Recording requested By
RANDY J RICE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$39.00

Page 1 of 1

RPTT:

Recorded By: LH

Book- 569 Page- 0151

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Randy J. Rice

Address: P.O. Box 3

City/State/Zip: Madison, FL 32341



0227724

THIS INDENTURE WITNESS That the GRANTOR(S): Shelly C. Rice

for and in consideration of

Zero

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): Randy J. Rice

whose address

is (if applicable): P.O. Box 3

, situate

in the City of Madison, County of Madison, State of Florida.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description) Crescent Valley Ranch } Farm..

unit #1 Lot 5 Block 36 As per map

Recorded in Said County as file #34081

APN: 002-049-09

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 _____

Shelly Rice
Signature of Grantor

Signature of Grantor

STATE OF NEVADA Florida

COUNTY OF EUREKA Madison

This instrument was acknowledged before me on (date) 7-14-14

By (person(s) appearing before notary public) Shelly C. Rice

Robin Hart
Notary Public

My Commission expires: _____



ROBIN HART

Notary Public, State of Florida

My Comm. Expires Mar. 15, 2017

Commission No. EE 872066

(Notary Stamp)

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1. Assessor Parcel Number (s)

a) 002-049-09
b) _____
c) _____
d) _____

2. Type of Property:

a) ☐ Vacant Land b) ☒ Single Fam Res
c) ☐ Condo/Townhse d) ☐ 2-4 Plex
e) ☐ Apt Bldg. f) ☐ Comm/Indl
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ 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:

\$ 98,903.00
\$ _____
\$ 98,903.00
\$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.030, Section: #5

b. Explain Reason for Exemption:

From spouse to spouse

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 Shelly Rice Capacity Grantor
Signature Randy Rice Capacity Grantee

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Shelly Rice
Address: P.O. Box 3
City: Madison
State: FL Zip: 32341

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Randy Rice
Address: P.O. Box 3
City: Madison, FL
State: FL Zip: 32341

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)