

QUIT CLAIM DEED

APN: 005-090-30

DOC # 0229558

06/15/2015

08:28 AM

Official Record

Recording requested By
CHERYL STALLINGS WIMPEY

Eureka County - NV

Sara Simmons - Recorder

Fee: \$40.00

Page 1 of 2

RPTT: \$31.20

Recorded By: LH

Book- 579 Page- 0250

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Cheryl Stallings Wimpey
Address: PO Box 672
City/State/Zip: Mt. Shasta, Ca. 96067



0229558

THIS INDENTURE WITNESS That the GRANTOR(S): Warren D. Stallings

for and in consideration of

Seven thousand nine hundred twenty Dollars (\$ 7,920) 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): Cheryl Stallings Wimpey

whose address

is (if applicable): P.O. Box 672, situate in the City of Mt. Shasta, County of Siskiyou, State of California.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:
(Set forth legal description) Property Location: Vacant Land in Eureka County & T31N, R49E SEC 27 SE4NW4

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 _____.

Cheryl Stallings Wimpey
Signature of Grantor

Warren D. Stallings Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

SEE ATTACHED

This instrument was acknowledged before me on (date) _____

By (person(s) appearing before notary public) _____

Notary Public

My Commission expires: _____

(Notary Stamp)

ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of SISKIYOU }

On JUNE 9 2015 before me, LYNNE BIRIMISA, NOTARY PUBLIC
(Here insert name and title of the officer)

personally appeared CHERYL STALLINGS WIMPEY,
who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that
~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by
~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Lynne Birimisa
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

QUIT CHAIN DEED

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 6-9-2015

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.



0229558

STATE OF NEVADA
DECLARATION OF VALUE FORM

DOC # DV-229558

06/15/2015

08:28 AM

Official Record

1. Assessor Parcel Number(s)

a) 005-090-30
b) _____
c) _____
d) _____

Recording requested by
CHERYL STALLINGS WIMPEY

Eureka County - NV

Sara Simmons - Recorder

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 _____

Page 1 of 1 Fee: \$40.00
Recorded By: LH RPTT: \$31.20
Book-579 Page-0250

Date of Recording: _____
Notes: Verified Guardianship

3. Total Value/Sales Price of Property

\$ 7,920

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 _____

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 Cheryl S. Wimpey / guardian-grantor Capacity Guardian for ward

Signature _____ Capacity Warren D. Stallings / Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Warren D. Stallings
Address: P.O. Box 672
City: Mt. Shasta
State: CA Zip: 96067

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Cheryl S. Wimpey
Address: P.O. Box 672
City: Mt. Shasta
State: CA Zip: 96067

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

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED