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LISA HOEHNE, RECORDER

E05

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[If required by your jurisdiction, list above the name &amp; address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

# Quitclaim Deed

Date of this Document: Dec 13 - 2017

Reference Number of Any Related Documents: \_\_\_\_\_

Grantor:

Name

Brian Mason

Street Address

4025 Eureka Ave

City/State/Zip

Crescent Valley NV 89821

Grantee:

Name

Bryan Scott Mason and Lora J. Mason

Street Address

4025 Eureka Ave

City/State/Zip

Crescent Valley NV 89821Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): lot 2 Block 32Assessor's Property Tax Parcel/Account Number(s): 002 057-11

**THIS QUITCLAIM DEED**, executed this 13 day of December, 2017, by first party, Grantor, Brian Mason, whose mailing address is 4025 Eureka Ave Crescent Valley NV 89821, to second party, Grantee, Bryan Scott Mason & Lora J. Mason, whose mailing address is 4025 Eureka Ave Crescent Valley NV 89821.

**WITNESSETH** that the said first party, for good consideration and for the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Eureka, State of Nevada to wit: \_\_\_\_\_

created by consolidation of parcels

**IN WITNESS WHEREOF**, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Signature of Grantor Bryan Mason

Print Name of Grantor Bryan Mason

Jane Mason  
Jane mason

State of NEVADA

County of EUREKA

On 12/13/2017, before me, NONA S. KELLERMAN, appeared BRYAN AND JANE MASON, personally known to me (or 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.

WITNESS my hand and official seal.

Nona S. Kellerman  
Signature of Notary



Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID NEVADA Drivers License  
(Seal)

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

**1. Assessor Parcel Number(s)**

- a) 00-057-11 prior  
b) new 00-057-16  
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 \_\_\_\_\_

**FOR RECORDER'S OPTIONAL USE ONLY**

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

**3. Total Value/Sales Price of Property**

\$105491

Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_

Transfer Tax Value: \_\_\_\_\_

\$ \_\_\_\_\_

Real Property Transfer Tax Due \_\_\_\_\_

\$ 0

**4. If Exemption Claimed:**

a. Transfer Tax Exemption per NRS 375.090, Section 5

b. Explain Reason for Exemption: 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 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

Bryan Scott Mason

Capacity

Grantor

Signature

Lara Jane Mason

Capacity

Grantee

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Bryan Scott Mason

Address: 4025 Eureka Ave

City: Crescent Valley NV

State: NV Zip: 89821

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Lara Janemason

Address: 4025 Eureka Ave

City: Crescent Valley

State: NV Zip: 89821

**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