

TAX PARCEL #: 001-051-05

FILED FOR RECORD AT REQUEST OF:

Clint Tognotti

WHEN RECORDED RETURN TO:

Maria Tognotti

PO BOX 267 Eureka, NV 89316

EUREKA COUNTY, NV
LAND-QTD
Rec:\$35.00
Total:\$35.00

CLINT TOGNOTTI

2019-239954
12/19/2019 11:29 AM
Pgs=5



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LISA HOEHNE, CLERK RECORDER E06

Quitclaim Deed

For and in consideration of \$150,600.00, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Maria Tognotti, not married, of PO BOX 247 Eureka, NV 89316, (the "Grantor"), conveys, as well as quitclaim, unto Clint Tognotti, not married, of 290 Sheridan St., (the "Grantee") as the sole tenant, the following described real estate (the "Premises"), situated in the County of Eureka, Nevada, together with all after acquired title of the Grantor in the Premises:

Home on 290 Sheridan St.

Being all or part of the same property described in the County Register's Deed Book Certified Copy of Deed/Joint Petition, Page Page 6 out of 10.

TOGETHER with all the rights, members, hereditaments and appurtenances to the said Premises belonging, or in any wise incident or appertaining.

TO HAVE AND TO HOLD, all and singular, the said Premises before mentioned unto the said Grantee forever in fee simple.

DATED: December 19, 2019

Signed in the presence of:

M. Tognotti
Signature

Maria Tognotti
Maria Tognotti

Name

COPY

Grantor Acknowledgement

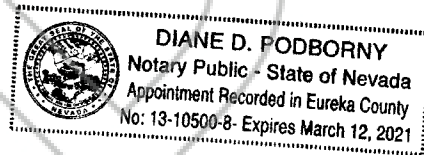
STATE OF NEVADA

COUNTY OF Eureka

On this day personally appeared before me Maria Tognotti, the "Grantor", to me known (or proved to me on the basis of satisfactory evidence) to be the individual described in and who executed the foregoing instrument, and acknowledged that this Quitclaim Deed was signed as a free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 14th day of December, 2019.

Diane D. Podborny
Notary Public in and for the State of Nevada



County of Eureka

Residing at 10 S. Main St. Eureka, NV

My Commission Expires March 12, 2021

| | |
|---|-------------------------------|
| Send Subsequent Tax Bills to: Clint Tognotti, 290 Sheridan St. | Drafted By: Clint Tognotti |
|---|-------------------------------|

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 001-051-05
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
i) ☐ Other

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 180,600

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 6

b. Explain Reason for Exemption: A Transfer Title between former spouses in compliance with a decree of divorce.

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 Clint Tognotti Capacity Owner

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Maria Tognotti
Address: 61 N. Sheridan St.
City: Eureka
State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Clint Tognotti
Address: 290 Sheridan St.
City: Eureka
State: NV Zip: 89316

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