

EUREKA COUNTY, NV
LAND-QTD
Rec: \$37.00
Total: \$37.00
CHERYL S WIMPEY

2020-240096
02/20/2020 02:22 PM
Pgs=3

QUIT CLAIM DEED

APN: 005-090-30

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Cheryl S. Wimpey

Address: P.O. Box 672

City/State/Zip: Mt. Shasta, CA 96067



LISA HOEHNE, CLERK RECORDER E05

THIS INDENTURE WITNESS That the GRANTOR(S): Cheryl S. Wimpey

_____ for and in consideration of
Five thousand seven hundred eighty three Dollars (\$5,783.⁰⁰) 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 S. Wimpey or Ryan Curtis 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)

T 31 N, R 49 E SEC. 27 SE 4 NW 4

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 S. Wimpey
Signature of Grantor

Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) _____.

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

Notary Public

My Commission expires: _____.

(Notary Stamp)

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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.

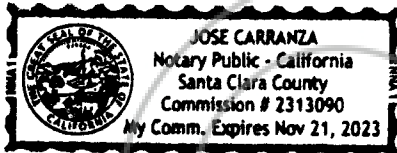
State of California

County of Santa Clara }

On February 18th, 2020 before me, Jose Carranza, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Cheryl S. Wimper
Name(s) of Signer(s)

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.

Place Notary Seal and/or Stamp Above

Signature

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quit Claim Deed

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 005-090-30
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 _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 5,783

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

Transfer Tax Value: \$ ced

Real Property Transfer Tax Due \$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 5 (son)

b. Explain Reason for Exemption: transferring to family member and myself

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 Capacity owner

Signature _____ Capacity _____

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

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

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

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

N/A

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