

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

ARRON BUFFINGTON

2020-240469  
05/14/2020 09:32 AM  
Pgs=3



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LISA HOEHNE, CLERK RECORDER E07

LF298-04  
R298-04

## QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this may day of may, 2020,  
by first party, Grantor, Araron Buffington and Ethel M Buffington  
whose post office address is Bx 243 Eureka nev 89316  
to second party, Grantee, Araron Buffington and Ethel M Buffington as  
whose post office address is trustees for Buffington Family Living trust  
BX 243 Eureka Nevada 89316

WITNESSETH, That the said first party, for good consideration and for the sum of  
Dollars (\$10.00 Ten)  
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:

LOT 1-A-4 of PM 167542 Being a  
Portion of SW 1/4 of Section 18 Township  
21 north Range 53 East M.B.M

STATE OF NEVADA  
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) Lot 1-A-4  
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

\$ 27,500

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 A 7  
b. Explain Reason for Exemption: Transfer to Buffington family trust

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 Adam Buffington Capacity owner

Signature Ethel M Buffington Capacity owner

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

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

\_\_\_\_\_  
Print name of Witness

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

\_\_\_\_\_  
Print name of Witness

Aaron Buffington  
Signature of First Party

Aaron Buffington  
Print name of First Party

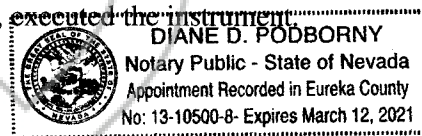
Ethel M. Buffington  
Signature of First Party

Ethel M. Buffington  
Print name of First Party

State of Nevada  
County of Eureka }

On May 14, 2020 before me, Diane D. Podborny  
appeared Aaron Buffington and Ethel Buffington  
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.

Diane D. Podborny  
Signature of Notary



Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_  
(Seal)

State of \_\_\_\_\_  
County of \_\_\_\_\_  
On \_\_\_\_\_

}  
before me,

appeared \_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Print Name of Preparer

\_\_\_\_\_  
Address of Preparer