OUIT CLAIM DEED

JACKIE ROBERTSON APN: 003-441-02 RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Name: Vackie C. Robertson LISA HOEHNE, CLERK RECORDER Address: 25 54 Lane
City/State/Zip: Shelle Knob, Mo. 65747 THIS INDENTURE WITNESS That the GRANTOR(S): Kristie Lynn Lowe 7375 201/2 Ave. Lemoure, Ca. 93245 for and in consideration __) do hereby QUIT CLAIM Dollars (\$______ 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): Vackie L. Robertson address is (if applicable): 25 571 Lane , situate in the City of Shell Knob, County of Stone that certain property in the County of Eureka, State of Nevada bounded and described as follows: (Set forth legal description) Unit 1 Section 13 T311/249E MDB+M Parcel #13 Ploneer Pass Parcels Together with all and singular hereditament and appeurtenances thereunto belonging or in any way appertaining to In Withess Whereof, I/We have hereunto set my hand/our hands on ____ Signature of Grantor Signature of Grantor STATE OF NEVADA Califo COUNTY OF EUREKA Fresho This instrument was acknowledged before me on (date) 3/30/2020 By (person(s) appearing before notary public) Kristie Lynn Lot SHARON BANUELOS COMM. # 2185910
NOTARY PUBLIC-CALIFORNIA
FRESNO COUNTY
MY COMM. EXP. APR. 6, 2021 Notary Public My Commission expires: (Notary Stamp)

EUREKA COUNTY, NV

LAND-QTD Rec:\$37.00

Total:\$37.00

2020-240501

05/26/2020 08:41 AM

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.

Signature SharmBaruelos

	validity of that document.
	State of California County of
، پښتو ت	on March 30, 2020 before me, Sharon Banuelos, Notary Public (insert name and title of the officer)
	personally appeared Kristie Lynn Lowe
	who proved to me on the basis of satisfactory evidence to be the person(e) 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. SHARON BANUELOS COMM. # 2185910 OF RESNO COUNTY MY COMM. EXP. APR. 6, 2021

DECLARATION OF VALUE FORM 1. Assessor Parcel Number(s) a) 003-441-02 2. Type of Property: a) Vacant Land Single Fam. Res. **b**)[FOR RECORDER'S OPTIONAL USE ONLY Condo/Twnhse 2-4 Plex d) Apt. Bldg Comm'l/Ind'l Date of Recording: Agricultural g) h) Mobile Home Notes: Other 3. Total Value/Sales Price of Property 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: Transferring daughter and Son to mother ownership 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. Capacity × Signature Capacity SELLER (GRANTOR) INFORMATION **BUYER (GRANTEE) INFORMATION** (REQUIRED) (REQUIRED) -Print Name: Jackie L. Robertson Print Name Donald + Kristie Lower Address: 25 STL Lane Address 25 54 Lane City: Shell Knos City: Shelc KnJO COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer) Print Name: Escrow #: Address: City:___ State: Zip:

STATE OF NEVADA

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED