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

2020-240518 05/29/2020 03:11 PM

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APN: 007-396-05

WHEN RECORDED MAIL TO:

AMENS LAW, Ltd. Debra M. Amens, Esq. P.O. Box 488 Battle Mountain, NV 89820

MAIL TAX STATEMENTS TO: Cindy McIntosh 15776 Duggans Road Grass Valley, CA 95949



LISA HOEHNE, CLERK RECORDER F

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, ESTATE OF CHESTER HULL, does hereby QUITCLAIM to ANNABELL HULL, whose address 15776 Duggans Road, Grass Valley, California, all rights, title and interest in and to that certain real properties with Assessor Parcel Numbers of 007-936-05, all located in Eureka County, State of Nevada, which are commonly all known as 310 El Centro Parcel A, Diamond Valley, Nevada, and more particularly described as follows:

APN: 007-396-05

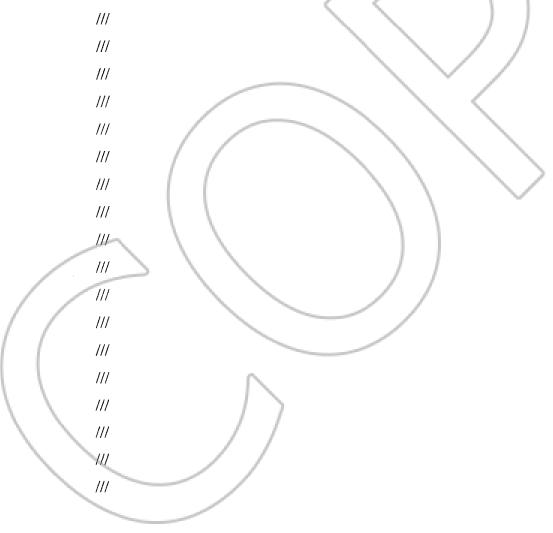
LOT 1 as shown on that certain parcel map, filed in the Office of the County Recorder of Eureka County, Nevada, filed on October 21, 1985, as File No. 100554, located in a portion of Lot 2, the E1/2 of Section 17, Township 20 North, Range 53 East, M.D.B. & M., together with well and improvements thereon. APN # 07-396-05

EXCEPTING THEREFROM all of the oil and gas, in and under said land, reserved by the United States of America, in Patent recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Pursuant to NRS 111.312, the legal description provided above was previously recorded as Document No.166773 in Online Records with Eureka County Recorders website, Book 307, Page 586-587 on the 30th day of April, 1997, in the official records of Eureka County, State of Nevada.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person.



IN WITNESS WHEREOF, I hereto execute this instrument and QUITCLAIM the property described herein with APN: 007-396-05

DATE	D this	day of May	, 2020	
		HEAT Co - Pe	THER ANDERSE rsonal Representative of CHESTER	f
STATE OF)			

This instrument was before me, the undersigned, a Notary Public, personally appeared, HEATHER ANDERSEN, known to me to be the person described herein and who provided evidence of a valid identification, who executed the above and foregoing instrument, and he acknowledged to me that she executed the same freely and voluntarily, and for the uses and purposes herein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

DATED the 1st day of May . 2020.

: ss.

COUNTY OF

NOTARY PUBLIC

MARLENE PIEDRA
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 19-7493-10
MY APPT: EXPIRES 12/30/2023

IN WITNESS WHEREOF, I hereto execute this instrument and QUITCLAIM the property described herein with APN: 007-396-05

		\ \
DATED	this <u>30</u> day	of April 2020
		Cindy ME Intosh
		CINDY MCINTOSH
		Co - Personal Representative of
<u> </u>		THE ESTATE OF CHESTER HULL
\		
STATE OF)	
	: ss.	
COUNTY OF		_ \
# \		e undersigned, a Notary Public, personally appeared, CINDY
	N. C.	on described herein and who provided evidence of a valid
		foregoing instrument, and he acknowledged to me that she d for the uses and purposes herein mentioned.
executed the state net	ay and voluntarily, and	R Int. Ric 1999 and harboges neven mornioner.
IN WITNES	S WHEREOF, I have	hereunto set my hand and affixed my official seal.
DATED the	1.	
	/ // /	
NOTARY P	UBLIC	\
	/ /	Arament Attached
	/ /	Notary Acknowledgement Attached

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.	\ \
State of California County of <u>NGVADA</u>	7 /
On ARCIC 30, 2020 before me, PAT McCollocH NOTMO	y PUBLIC
personally appeared CINDY MCINTOSH who proved to me on the basis of satisfactory evidence to be the person(s) whose na subscribed to the within instrument and acknowledged to me that he/she/they execute his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrumerson(s), or the entity upon behalf of which the person(s) acted, executed the instruments.	ed the same in rument the
I certify under PENALTY OF PERJURY under the laws of the State of California that paragraph is true and correct.	the foregoing
WITNESS my hand and official seal. PAT MCCC Notary Public Nevada C Commission My Comm. Expire	- California E County E # 2275160 T
Signature (Seal)	

STATE OF NEVADA	^
DECLARATION OF VALUE FORM	
1. Assessor Parcel Number(s)	
a) 007-396-05	\ \
b)	\ \
c)	
d)	
2. Type of Property:	
a) Vacant Land b) Single Fam. F	Res. FOR RECORDER'S OPTIONAL USE ONLY
c) Condo/Twnhse d) 2-4 Plex	Book: Page:
e) Apt. Bldg f) Comm'l/Ind'l	
g) Agricultural h) Mobile Home	
Other	1.000
3. Total Value/Sales Price of Property	- s 63.771
Deed in Lieu of Foreclosure Only (value of pro	
Transfer Tax Value:	
Real Property Transfer Tax Due	\
4. If Exemption Claimed:	Carlon I.a.
a. Transfer Tax Exemption per NRS 375.090,	
b. Explain Reason for Exemption: Death	of Granton Chester Jouli
C D MAY D L.	0/
5. Partial Interest: Percentage being transferred:	
The undersigned declares and acknowledge	es, under penalty of perjury, pursuant to
NRS 375.060 and NRS 375.110, that the informati	
information and belief, and can be supported by do	
information provided herein. Furthermore, the par	ties 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 NR	
jointly and severally liable for any additional amou	int owed.
Signature/ Andulan · Co-Personal Repr	resontatic Capacity (nrantee
Signature	Capacity
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name:	Print Name: Heather Anderson-Co Personal Address: Po Box 488 representative
Address:	Address: Po Box 4xx representative
City:	City: Battle up
State: Zip:	State: Zip: Zip: Zip:
/ /	
COMPANY/PERSON REQUESTING RECOR	
Print Name:	Escrow #:
Address:	
City:	State:Zip:

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED