

Prepared By

Name: Flora Peek
Address: 644 Sharrow Circle
Eureka
State: NV Zip Code: 89316

After Recording Return To
Send Tax Statements to PO Box 878

Name: Larry R McLucas
Address: 644 Sharrow Circle
Eureka
State: NV Zip Code: 89316

EUREKA COUNTY, NV
LAND-QTD
RPTT: \$462.15 Rec: \$37.00
Total: \$499.15
FLORA PEEK

2020-241988
09/24/2020 04:07 PM
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LISA HOEHNE, CLERK RECORDER

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NEVADA QUIT CLAIM DEED

STATE OF NEVADA

COUNTY OF Eureka

KNOW ALL MEN, BY THESE PRESENTS, That for and in consideration of the sum of One hundred forty thousand (\$140,000.00) in hand paid to Flora Peek, a _____, residing at 644 Sharrow Circle County of Eureka, City of Eureka, State of Nevada (hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to Larry R McLucas, and Merial J. McLucas residing at 644 Sharrow Circle, County of Eureka, City of Eureka, State of Nevada (hereinafter known as the "Grantees(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in the County of Eureka, Nevada to-wit:

Lot A Parcel No 1 as Shown on that certain parcel map for
~~148~~ as filed No 129538 located in a portion lot 11
Section 28 Township 20 North, Range 53 east, M.D. B & M

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

Flora Peek
Grantor's Signature

Flora Peek
Grantor's Name

644 Sparrow Circle

Address

Eureka Nev. 89316

City, State & Zip

Grantor's Signature

Grantor's Name

Address

City, State & Zip

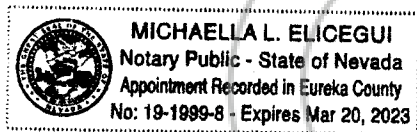
STATE OF NEVADA)

COUNTY OF Eureka)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Flora Peek whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 24th day of September, 2020.

Michaela L. Eliegui
Notary Public



My Commission Expires: March 20, 2023

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 007-380-42
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

Deed in Lieu of Foreclosure Only (value of property) \$ 118,406.00

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ ~~546.00~~ 499.15

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

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 Flora Peek Capacity Seller

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Flora Peek

Address: 644 Sharrow Circle

City: Eureka

State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Larry R McLucas

Address: 644 Sharrow Circle

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