

EUREKA COUNTY, NV
LAND-QTD
RPTT:\$48.75 Rec:\$37.00
Total:\$85.75

2020-242269
11/17/2020 11:51 AM
Pgs=4

KATHRYN SHIPLEY



00009567202002422690040042

LISA HOEHNE, CLERK RECORDER

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only
and avoid printing in the 1" margins of document)

APN# 003-452-09

TITLE OF DOCUMENT

(DO NOT Abbreviate)

Quit Claim Deed

Document Title on cover page must appear EXACTLY as the first page of the document
to be recorded.

RECORDING REQUESTED BY:

Kathryn Shipley

RETURN TO: Name Kathryn Shipley

Address HC 66 Box 2-6

City/State/Zip Beowawe, NV 89821

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name Kathryn Shipley

Address HC 66 Box 2-6

City/State/Zip Beowawe, NV 89821

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

QUIT CLAIM DEED

APN: 003-452-09

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Kathryn Shipley

Address: 24 Horsehoe Cir, HC 66 Box 2-6

City/State/Zip: Beowawe, NV 89821

THIS INDENTURE WITNESS That the GRANTOR(S): Alex Michael Graham and
Amelia C Graham for and in consideration of
one hundred Dollars (\$ 100) 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): Kathryn Shipley whose
address is (if applicable): 24 Horsehoe Cir, situate in the
City of Beowawe, County of Eureka, State of Nevada. All
that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description)

Pioneer Pass #1, Lot 23, Section 13, Township 31 North,
Range 49 East, M.D.B. & M.

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 _____

Alex Michael Graham

Signature of Grantor

SEE ATTACHED FOR
NOTARIAL WORDING
& SEAL

Amelia C Graham

Signature of Grantor

SEE ATTACHED FOR
NOTARIAL WORDING
& SEAL

STATE OF ~~NEVADA~~

) California

COUNTY OF ~~EUREKA~~

) Nevada

This instrument was acknowledged before me on (date) 9/17/2020

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

Esteban Salcido

Notary Public

My Commission expires: Nov. 22, 2023

SEE ATTACHED FOR
NOTARIAL WORDING
& SEAL

(Notary Stamp)

CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 Nevada }

On September 17th 2020 before me, Esteban Salcido, Notary Public,
(Here insert name and title of the officer)

personally appeared Alex M. Graham and Amelia C. Graham,
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.

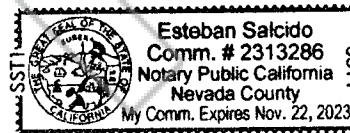
I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Quit Claim Deed

(Title or description of attached document)

APN: 003-452-09

(Title or description of attached document continued)

Number of Pages 1 Document Date 9/17/2020

CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a. 003 - 452 - 09
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 RECORDERS OPTIONAL USE ONLY

Book _____ Page: _____

Date of Recording: _____

Notes: _____

3.a. Total Value/Sales Price of Property

\$ 12,500

b. Deed in Lieu of Foreclosure Only (value of property (_____)

c. Transfer Tax Value: \$ _____

d. Real Property Transfer Tax Due \$ 48.75

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 Alex Graham Capacity: Grantor

Signature Anelie C Graham Capacity: Grantor

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Alex Graham
Address: Po Box 1327 / 3615 Lynwood Dr
City: Cape Royal Bay
State: CA Zip: 96140

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Kathryn Shipley
Address: HC 106 Box 2-6 / 24 Horseshoe Cir.
City: Beowawe
State: NV Zip: 89821

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