

Assessor's Parcel Number:
00531001

Prepared By:
Matthew Wilson

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

2021-243846
01/25/2021 02:47 PM
Pgs=4



LISA HOEHNE, CLERK RECORDER E05

After Recording Return To:
Matthew Wilson
929 Leisure Lane
Greenwood, Indiana 46142

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

On January 21, 2021 THE GRANTOR(S),

- Judith Thompson,

for and in consideration of: One Dollar (\$1.00) and/or other good and valuable consideration conveys, releases and quitclaims to the GRANTEE(S):

- Matthew Wilson, residing at 929 Leisure Lane, Greenwood, Johnson County, Indiana 46142

the following described real estate, situated in an unincorporated area in the County of Eureka, State of Nevada

Legal Description:

The north one-half of the west one-half of the northeast one-quarter of the northeast quarter of Section 29, Township 30 North, Range 49 East, M.D.B.&M., as per Government Survey.

Description is as it appears in Document No. 2018-236167, Official Records, Eureka County, Nevada.

Grantor does hereby convey, release and quitclaim all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

5. A transfer of real property if the owner of the property is related to the person to whom it is conveyed within the first degree of lineal consanguinity or affinity. From mother to son.

Mail Tax Statements To:
Matthew Wilson
929 Leisure Lane
Greenwood, Indiana 46142

[SIGNATURE PAGE FOLLOWS]

Grantor Signatures:

DATED: 1-21-21

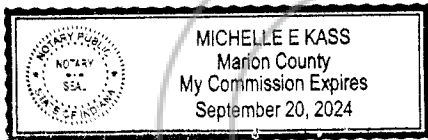
Judith Thompson
Judith Thompson
929 Leisure Lane
Greenwood, Indiana, 46142

STATE OF INDIANA, COUNTY OF Johnson, ss:

This instrument was acknowledged before me on this 21 day of
January, 2021 by Judith Thompson.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Michelle E Kass
Notary Public



Michelle E Kass Notary Public
Title (and Rank)

My commission expires 09/20/2024

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 00531001
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) \$ 1.00

Transfer Tax Value: _____

Real Property Transfer Tax Due \$ 1.00

\$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 5

b. Explain Reason for Exemption: mother to son

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 Judith L. Thompson Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Judith L. Thompson
Address: 429 Leisure Ln.
City: Greenwood
State: IN Zip: 46142

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Matthew S. Wilson
Address: 429 Leisure Ln
City: Greenwood
State: IN Zip: 46142

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