APN# 005-690-19	LAN Red Tota
Recording Requested By:	JO
Name Joshua Lee Winters	
Address HC LOLO BOX 2-8	
City/State/ZipBeowawe, NV	
89821	

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

2021-244729 05/07/2021 01:57 PM Pgs=4

SHUA WINTERS

LISA HOEHNE, CLERK RECORDER E05

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTORS JOSHUA LEE WINTERS, a married man whose address is HC 66 Box 2-8, Beowawe, Nevada 89821.

Does hereby QUITCLAIM the right, title and interest, if any, which GRANTORS may have in all that real property, to the GRANTEES JOSHUA LEE WINTERS AND JUDITH ANN WINTERS, address of HC 66 Box 2-8, Beowawe, NV 89821, the following described parcel of land, and improvements and appurtenances thereto in the County of Eureka, State of Nevada, bounded and described as follows:

10 acres, more or less

NE1/4 OF SE1/4 OF SECTION 5, TOWNSHIP 30N, RANGE 50W SE1/4 OF NE1/4 of Section 5, Township 30 N, Range 50 W

Subject to: STATE OF NEVADA AND COUNTY OF EUREKA CODES AND MATTERS OF RECORD.

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

IN WITNESS WHEREOF, I/We as Grantors, have hereunto set my hand/our hands on the 7th day of May 2021.

JOSHUA LEE WINTERS

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 NEVADA COUNTY OF EUREKA

On May 7, 2021, before me Michael Fntholder, a Notary Public, personally appeared JOSHUA WINTERS, who proved to me on the basis of satisfactory evident to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.

Notary Public Signature

MICHAELLA L. ENZENBERGER
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 20-6095-08 - Expires March 20, 2023

STATE OF NEVADA DECLARATION OF VALUE FORM 1. Assessor Parcel Number(s) a) 005-690-19 c) d) 2. Type of Property: FOR RECORDER'S OPTIONAL USE ONLY Vacant Land Single Fam. Res. Book: Condo/Twnhse d) 2-4 Plex c) Page: e) Apt. Bldg f) Comm'l/Ind'l Date of Recording: Agricultural Mobile Home Notes: h) g) 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 317.85 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section b. Explain Reason for Exemption: Spouse to 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 Capacity_____ Signature_ Capacity _____ SELLER (GRANTOR) INFORMATION **BUYER (GRANTEE) INFORMATION** (REQUIRED) (REQUIRED) Print Name: Joshua Lee Winters Print Name: Joshua Lee Winters Address: HC 106 BOX 2-8 Address: HC 66 BOX 2-8 City: Beowaux City: Beowawe State: NU Zip: 8982 State: NV Zip: 39821 COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer) Escrow #: Print Name: Address: State: Zip: City:___

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED