

APN: 005-520-15

**RECORDING REQUESTED BY AND RETURN TO:**

McConnell Law Office  
950 Idaho Street  
Elko, Nevada 89801

EUREKA COUNTY, NV	<b>2021-247674</b>
RPTT:\$0.00 Rec:\$37.00	
\$37.00 Pgs=5	<b>12/22/2021 01:34 PM</b>
MCCONNELL LAW OFFICE	
LISA HOEHNE, CLERK RECORDER	E03

**QUITCLAIM DEED**  
*(Title of Document)*

**APN(s): 005-520-15**

**When recorded return to:**

McConnell Law Office  
950 Idaho Street  
Elko, Nevada 89801

**Mail Tax Statements to:**

Benjamin L. Owen  
872 Toro Street  
San Luis Obispo, California 93401

*The undersigned hereby affirms that this document submitted for recording does not contain the personal information of any person or persons per N.R.S. 239B.030.*

**QUITCLAIM DEED**

FOR CONSIDERATION RECEIVED, **WENDY DISCH**, as custodian under Document No. \_\_\_\_\_, as Grantor, does hereby convey and quitclaim forever to **BENJAMIN L. OWEN**, a single man, as Grantee, and to his heirs, successors and assigns, forever, all of the Grantor's right, title and interest in and to the property located in Eureka County, State of Nevada, and more particularly described on Exhibit "A" attached hereto and incorporated herein by this reference.

TOGETHER WITH all buildings and improvements thereon, if any.

TOGETHER WITH all and singular the tenements, hereditaments, easements and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof, or of any part thereof.

SUBJECT TO any and all taxes and assessments, reservations, exceptions, easements, rights and/or rights of way, limitations, covenants, conditions, restrictions, terms, liens, charges and licenses affecting the property of record or actually existing on such premises.



## **EXHIBIT “A”**

All that certain real property situate, lying and being in the County of Eureka, State of Nevada, and more particularly described as follows:

E1/2 NE1/4 NE1/4 of Section 19, Township 29 North, Range 49 East M.D.B.&M.

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 San Luis Obispo )

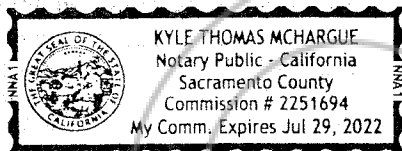
On 08/06/2021 before me, Kyle Thomas McHargue, Notary Public,  
Date Here Insert Name and Title of the Officer

personally appeared Wendy Disch  
Name(s) of Signer(s)

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.



Signature [Signature]  
Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

### Description of Attached Document

Title or Type of Document: QUITCLAIM DEED  
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

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☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

**STATE OF NEVADA  
DECLARATION OF VALUE**

**1. Assessor Parcel Number(s)**

- a. 005-520-15  
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

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

3.a. Total Value/Sales Price of Property \$ 2,891.00  
b. Deed in Lieu of Foreclosure Only (value of property ( 0.00 )  
c. Transfer Tax Value: \$ 11.70  
d. Real Property Transfer Tax Due \$ 0.00

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 3  
b. Explain Reason for Exemption: Transfer of title recognizing true status - property was held by custodian but is now QC'd as minor has reached age of majority.

**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 [Signature] Capacity: AGENT  
Signature [Signature] Capacity: AGENT

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

Print Name: WENDY DISCH  
Address: 872 TORO STREET  
City: SAN LUIS OBISPO  
State: CA Zip: 93401

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: BENJAMIN L. OWEN  
Address: 872 TORO STREET  
City: SAN LUIS OBISPO  
State: CA Zip: 93401

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**

Print Name: MCCONNELL LAW OFFICE  
Address: 950 IDAHO STREET  
City: ELKO

Escrow # \_\_\_\_\_  
State: NV Zip: 89801

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED