

TAX PARCEL ID # 002-019-19

Prepared By

Name: Georgine Hodgkinson
Address: 3900 Don River Lane
Sacramento
State: CA Zip Code: 95834

After Recording Return To

Name: Georgine Hodgkinson
Address: 3900 Don River Lane
Sacramento
State: CA Zip Code: 95834

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

2024-253173
09/30/2024 01:32 PM
Pgs=3



Space Above This Line for Recorder's Use

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
0 (\$ 0) in hand paid to
Irving Hodgkinson, a man, residing at 1400 North 94th
Street, Apt. 2161, County of Maricopa, City of
Scottsdale, State of Arizona

(hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to

Georgine Hodgkinson, a woman, residing at 3900 Don River
Lane, County of Sacramento, City of Sacramento, State of California

(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 17 in lot 10 as shown on the map of Crescent Valley Ranch and Farms, Unit no. 1,
parcel number 002-019-19

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.

EVH

Grantor's Signature

Grantor's Name

Irving Hodgkinson

Address

1400 North 94th St. #2161

Scottsdale, AZ 85260

City, State & Zip

STATE OF ~~NEVADA~~ Arizona

COUNTY OF Maricopa

Grantor's Signature

Grantor's Name

Address

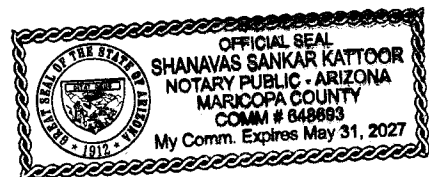
City, State & Zip

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Irving Hodgkinson 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 20 day of September, 2024.

Shanavas Sankar Kattoor
Notary Public

My Commission Expires: May 31st 2027



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 002-019-19
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) \$ 7,159.00

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: Transfer of property is conveyed within first degree of lineal consanguinity: Father to daughter

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 Grantor

Signature [Signature] Capacity Grantee

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

Print Name: Irving Hodgkinson
Address: 14000 N. 94th St. # 2161
City: Scottsdale
State: AZ Zip: 85260

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

Print Name: Georgine Hodgkinson
Address: 3900 Don River Ln.
City: Sacramento
State: CA Zip: 95834

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