

TAX PARCEL ID # 005-240-05

**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 HODGKINSON

**2024-253174**  
09/30/2024 01:34 PM  
Pgs=3



00021285202402531740030035  
KATHERINE J. BOWLING, CLERK RECORDER

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 94<sup>th</sup>  
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:

T30N, R48E Section 33 S2NW4SW4, parcel number 005-240-05

**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 Signature

Grantor's Name

Grantor's Name

Irving Hodgkinson

Address

Address

1400<sup>th</sup> North 94<sup>th</sup> St. #2161

Scottsdale, AZ 85260

City, State & Zip

City, State & Zip

STATE OF ~~NEVADA~~ *Arizona*

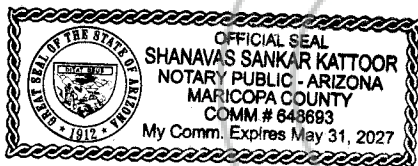
COUNTY OF *Maricopa*

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<sup>th</sup> day of September, 2024

*Shanavas Sankar Kattoor*

Notary Public



My Commission Expires: May 31<sup>st</sup>, 2027

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 005-240-05  
 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 \$ 7,020  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 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 Irving Hodgkinson Capacity Grantor  
 Signature Georgine Hodgkinson 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