

APN: N/A

**Recording Requested by:**

Dean and Sharon Rhoads Trust

P. O. Box 8

Tuscarora, NV 89834

EUREKA COUNTY, NV

RPTT:\$0.00 Rec:\$37.00

\$37.00 Pgs=3

MCCONNELL LAW OFFICE

KATHERINE J. BOWLING, CLERK RECORDER E07

**2025-254275**

**02/25/2025 03:13 PM**

**After Recordation, return to and mail**

**Tax statements to:**

Dean and Sharon Rhoads Trust

P. O. Box 8

Tuscarora, NV 89834

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**WATER RIGHTS QUITCLAIM DEED**

THIS INDENTURE made and entered into this 21<sup>st</sup> day of JANUARY, 2025, between SHARON RHOADS (hereinafter referred to collectively as "GRANTOR"), to DEAN AND SHARON RHOADS TRUST (hereinafter referred to as "GRANTEE"), does hereby quitclaim to Grantee, and to the heirs and assigns of such Grantee forever, as follows:

**Releases all right, title, and interest in and to the State of Nevada,  
Division of Water Resources Permit Number 69544, consisting of 675.8  
acre-feet and a diversion rate of 3.154 cfs.**

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

TO HAVE AND TO HOLD, all and singular, the said water rights with the appurtenances, unto the said Grantee, and its successors and assigns forever.

IN WITNESS WHEREOF, the Grantor has hereto executed this Water Rights Quitclaim Deed the day and year first above written.

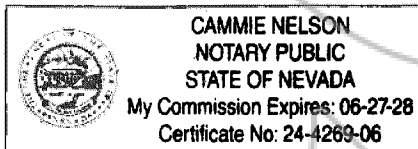
The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.303)

Sharon Rhoads  
SHARON RHOADS

STATE OF Nevada )

COUNTY OF Elko ) ss.

On this 21<sup>st</sup> day of JANUARY, 2025, Sharon Rhoads personally appeared before me, a Notary Public, and personally known (or proved) to me to be the persons whose names are subscribed to the foregoing instrument and who acknowledged to me that they executed the foregoing Water Rights Quitclaim Deed.



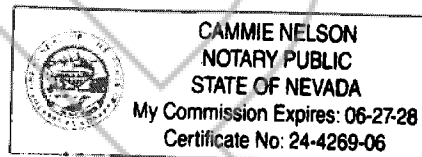
Cammie Nelson  
NOTARY PUBLIC

Sharon Rhoads  
SHARON RHOADS

STATE OF NEVADA                   )  
  )SS  
COUNTY OF ELKO                   )

On January 21, 2025, personally appeared before me, a Notary Public, **SHARON RHOADS**, personally known to me, or proven to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the above instrument who acknowledged that he executed said instrument.

Cammie Nelson  
NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE**

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

- a. \_\_\_\_\_  
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 Water rights

**FOR RECORDERS OPTIONAL USE ONLY**

Book \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

**3.a. Total Value/Sales Price of Property**

\$ \_\_\_\_\_ 0.00

b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ 0.00 ) )

c. Transfer Tax Value: \$ \_\_\_\_\_ 0.00

d. Real Property Transfer Tax Due \$ \_\_\_\_\_ 0.00

**4. If Exemption Claimed:**

a. Transfer Tax Exemption per NRS 375.090, Section 7

b. Explain Reason for Exemption: A transfer of title to a trust without consideration

**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 \_\_\_\_\_

KATIE HOWE MCCONNELL

Capacity: AGENT

Signature \_\_\_\_\_

KATIE HOWE MCCONNELL

Capacity: AGENT

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

Print Name: Sharon Rhoads  
Address: PO Box 8  
City: Tuscarora  
State: Nevada Zip: 89834

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

Print Name: Dean and Sharon Rhoads Trust  
Address: PO Box 8  
City: Tuscarora  
State: Nevada Zip: 89834

**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