QUIT CLAIM DEED

EUREKA COUNTY, NV Total:\$37.00 RAMONA WHELCHEL

2025-255073 09/03/2025 01:20 PM

APN: 007-373-11
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Romana Whelchel.
Address: <u>497</u>
City/State/Zip: Eureka Nu 893/6.

	502550730020023	
00023352202	502550730020023	EUS
KATHERINE	J. BOWLING, CLERK I	RECORDER

Kamensky THIS INDENTURE WITNESS That the GRANTOR(S): _ and in consideration for Dollars (\$ / O) do hereby QUIT CLAIM the right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): Komona address is (if applicable): 583 El Cayon , situate in the City of Euroka, County of DEuroka that certain property in the County of Eureka, State of Nevada bounded and described as follows: (Set forth legal description) Parc of map file No 114556 a parof lot 2, ParF Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness-Whereof, I/We have hereunto set my hand/our hands on Signature of Grantor Signature of Grantor STATE OF NEVADA COUNTY OF EUREKA This instrument was acknowledged before me on (date) 5 eptember 3, 2025 By (person(s) appearing before notary public) Tracy Kamensky

Notary Public My Commission expires: JUNE 6, 2028.



STATE OF NEVADA	^		
DECLARATION OF VALUE FORM	/\		
1. Assessor Parcel Number(s)	()		
a) 607-373-11	\ \		
b)	\ \		
c)	\ \		
d)	\ \		
2. Type of Property:			
a) Vacant Land b) Single Fam. Res.	FOR RECORDER'S OPTIONAL USE ONLY		
c) Condo/Twnhse d) 2-4 Plex	Book: Page:		
e) Apt. Bldg f) Comm'l/Ind'l	Date of Recording:		
g) Agricultural h) Mobile Home	Notes:		
Other	\$71,001		
3. Total Value/Sales Price of Property	s ⁴ 71, 6 91		
Deed in Lieu of Foreclosure Only (value of property	() ()		
Transfer Tax Value:	\$		
Real Property Transfer Tax Due	\$		
4 If Examption Claimed:			
a. Transfer Tax Exemption per NRS 375.090, Sect	ion 5		
b. Explain Reason for Exemption: acuah fe	to mother		
	7 7		
5. Partial Interest: Percentage being transferred:	%		
The undersigned declares and acknowledges, un	der penalty of perjury, pursuant to		
NRS 375.060 and NRS 375.110, that the information pr	rovided is correct to the best of their		
information and belief, and can be supported by docume	entation if called upon to substantiate the		
information provided herein. Furthermore, the parties a	gree 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 37	5.030, the Buyer and Seller shall be		
jointly and severally liable for any additional amount of			
Johns, and soverally made to the same and an action of			
Signature Color arrenshy	Capacity Grantor		
organist of the state of the st	cupacity <u>Start</u> Joi		
Signature	Capacity		
ongradate.	Capacity		
SELLER (GRANTOR) INFORMATION BU	YER (GRANTEE) INFORMATION		
(REQUIRED)	_(REQUIRED)		
	nt Name: Romana Whelchel		
Print Name: Tracy Equiensky Pri Address: OROX 1997 Ad	dress: 10 Box 49 7		
City: Fure ka Cit			
	ite: NU Zip: 873/6		
State: 1 Zip: 893/6 Sta	lie. 100 Lip. 8 / 5 / 6		
COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)			
	crow #:		
Additional to the second discount of the second of the sec	CIUW #,		
Address:	71-		
City: Str	ate: Zip:		

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED