AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

Carol Ann Burden ADDRESS 1000 Rodeo Dr. #416

CITY, STATE &

Imperial, CA 92251. \_\_ ESCROW NO. \_ TITLE ORDER NO.

42-261-05

## QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ ≠ 7

□ computed on full value of property conveyed, or computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax

Firm Name

Michael William Burden (NAME OF GRANTOR(S))
the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do\_\_ hereby remise, release and the following described real property in the City of County of Douglas , State of Nevela

SPACE ABOVE THIS LINE FOR RECORDER'S USE

The Ridge Tahoe #3402721B

The Ridge Tahoe #3400526C

Lot No. 34 of Tahoe Village Unit No. 3 as shown on the 8th amende map Document No. 156903 Unit 005 AND Unit 027.

Assessor's parcel No. <u>42-261-05</u> and 42-261-27

Executed on

El Centro.

STATE OF <u>California</u>

COUNTY OF Imperial

08-21-00 before me, \_

the undersigned notary

personally appeared Michael William Burden Dor. NOTARY PUBLICA known to me (or 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.

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY)

SANDRA SINCLAIR Commission # 1179795 Morary Public - California Imperial County My Comm. Expires Apr 13, 2002

MAIL TAX Carol Ann Burden

STATEMENTS TO: 1000 Rodeo Dr. #416, Imperial, CA 92251

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

WOLCOTTS FORM 790 QUITCLAIM DEED

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**RIGHT THUMBPRINT (Optional)** 

TOP OF THUMB HERE	
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CAPACITY CLAIMED BY SIGNER(S) ☐ INDIVIDUAL(S)

**□LIMITED** 

☐ CORPORATE

OFFICER(S)

☐ PARTNER(S)

**GENERAL** ☐ ATTORNEY IN FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR ( ) OTHER:

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity(ies)

K0401P6462



REQUESTED BY

CAPOL DUCTOR

IN OFFICIAL RECORDS OF
DOUGLAS CO TYANA

2001 APR 18 PM 1: 19

LINDA SLATER
RECORDER

PAID DEPUT

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