

1319-15-000-015

APN: Recording Requested By
Carmel Brosnan
And when recorded mail to:

DOC # 0681924
08/11/2006 11:40 AM Deputy: SD
OFFICIAL RECORD
Requested By:
CARMEL BROSANAN

Name CARMEI BROSNIAN
Street Address 1263 Calla lane
City chico
State CA
Zip 95926

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 1 Fee: 14.00
BK-0806 PG- 4475 RPTT: # 5



Space above this line for recorder's use

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QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ _____
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.
Autograph of Declarant or Agent Determining Tax Firm Name

I We, Librado hascano
(Name of grantor(s))

the undersigned grantor(s), for a valuable consideration receipt of which is hereby acknowledged, do hereby remise, release, convey and forever quitclaim to CARMEL BROSNIAN
(Name of grantee(s))

the following described real property in the City of Genoa, County of Daglas, State of NEVADA

(See attached Deed & Exhibit 'A')

Consideration \$7,000 total, \$3,000 received to date, \$4,000 due at Sale of Carmel Brosnan's primary Residence.
Assessor's parcel No. 1319-15-000-015

Executed on August 4 2006 in the City of CHICO, State of CA

STATE OF California
COUNTY OF Butte Butte

Librado S. hascano
Librado S. hascano

On 8/4/06 before me, Kristian Neira, Notary Public personally appeared Librado S. hascano personally 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

- CAPACITY CLAIMED BY SIGNER(S)
- Individual(s)
 - Corporate Officer(s)
 - Partner(s) Limited General
 - Attorney in Fact
 - Trustee
 - Guardian/Conservator

WITNESS my hand and official seal.

Kristian Neira
Signature of Notary (seal)



MAIL TAX _____

RIGHT THUMBPRINT (Optional)

STATEMENTS TO: _____

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