1420- 33-112-001 APN Number:

Recording Requested by:

DAVID J. SCHELL PATRICIA SCHELL 1298 SADDLEBRONC CT.

MINDEN, NV. 89423

Return Documents to:

PATRICIA SCHELL 1298 SADDLE BROWC CT. MINDEN INV. 89423

Mail Tax Statement to:

PATRICIA SCHELL 1298 SADDLE BRONC CT. MINDEN , NU. 89423

DOC # 0802851 05/22/2012 12:42 PM Deputy: SD OFFICIAL RECORD Requested By: DAVID SCHELL

> Douglas County - NV Karen Ellison - Recorder

> > 15.00

Page: 1 0f BK-0512



PG- 5025 RPTT:

## **QUITCLAIM DEED**

THIS QUITCLAIM DEED, Executed this 22 day of MAY 2012, by the Grantor(s)

DAVID J. SCHELL PATRICIA SCHELL 1298 SANDLEBRONC CT. MINDEN , NU. 89423

to the Grantee(s),

PATRICIA SCHELL 1298 SADDLEBRONC CT MINDEN, NV. 89423

WITNESSETH, That the said Grantor, for

the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of DOUGLAS State of Nevada, to wit: (Legal Description)

148, IN BLOCK B, AS SET FORTH ON THE MAP OF WELDHORSE UNIT NO. 4, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 31,1990, BOOK 1290 / PAGE 3944AS POCUMENT NO. 24/974.

Commonly known as:

SADDLE BRONC CT. MINDEN, NV. 89423 1298 IN WITNESS WHEREOF, The said Grantor has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of: I or, |X |(We), the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security Number, Signature Signature Print Name Print Name: Capacity: Capacity: Signature \ Signature Print Name: Print Name: Capacity: Capacity GRANTOR Signature Signature Print Name Print Name Capacity Capacity STATE OF COUNTY OF

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.

WITNESS my hand and official seal.

Signature

Print Name

My Commission Expires

Certificate of Appointment Number 06-10902/-5 (For Nevada Notaries Only)

before me

NOTARY PUBLIC ATE OF NEVADA County of Douglas SHANNON DECÖRSE Appt No. 06-109021-5 Expires October 2 2014

personally appeared