

A.P.N.: 1320-29-117-021  
File No: 143-2464151 (Rt)



When Recorded Return To: Mail Tax Statements To:  
Ruth E. Colavecchio  
811 Peerless Ave  
Orangevale, Ca. 95662

R.P.T.T.: \$0

### QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

**Michael Allen Medefind, spouse of grantee**

do(es) hereby RELEASE AND FOREVER QUITCLAIM to

**Ruth E. Colavecchio, a married owman as her sole and separate property**

all the right, title, and interest of the undersigned in and to the real property situate in the County of **Douglas**, State of **Nevada**, described as follows :

LOT 192 ON OFFICIAL MAP OF WINHAVEN UNIT NO.5, A PLANNED UNIT DEVELOPMENT, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 10, 1994, IN BOOK 294, PAGE 1845, AS DOCUMENT NO. 329790.

The purpose of this Quitclaim document is to relinquish any possible community interest that grantor may have or may acquire in the future.

*Michael Allen Medefind* 5/7/2014  
Michael Allen Medefind Date

\_\_\_\_\_  
Date



**A.P.N.: 1320-29-117-021**

Quitclaim Deed - continued

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STATE OF **NEVADA** )  
 )  
 ) :ss.  
 )  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
(My commission expires: \_\_\_\_\_)

*see attached acknowledgment*



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

State of California

County of Sacramento

On May 7, 2014 before me, Linda J. Weeks Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Michael Allen Medford  
Name(s) of Signer(s)

who 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.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Linda J. Weeks  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

Title or Type of Document: Quitclaim Deed Authorization for Quitclaim

Document Date: 5-7-14 Number of Pages: 3

Signer(s) Other Than Named Above: None

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_  Corporate Officer — Title(s): \_\_\_\_\_

Individual  Individual

Partner —  Limited  General  Partner —  Limited  General

Attorney in Fact  Attorney in Fact

Trustee  Trustee

Guardian or Conservator  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

