

## \*CORPLECTED OUIT CLAIM DEED

THIS SPACE PF

Doc Number: 0847134 07/30/2014 03:32 PM OFFICIAL RECORDS Requested By
JAMES L DAVISON

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

Fee: \$ 15.00 1 Of 2 Bk: 0714 Pg: 6811 RPTT # 3

WHEN RECORDED RETURN TO: JAMES L- DAVISON NAME ROGHEZ B-DAVISON ADDRESS 1546 M STREET CITY, STATE, ZIP FRESNOCA 9371

FILED FOR RECORD AT REQUEST OF

APN#: 1318-10-311-005

\* CORRECTED QUICK CLAIM
PORD TO CORRECT DATE OF

	re only
	\
mes L. Davison & Rachez B. Daviso Quit Claim Deed Amended.  WSTEES OF DAV ISON FAMILY TRUST DOED for and in consideration of: Valuable Chasin Conveys and quit claims to the GRANTEE(S), Tames L. Davison the following described real estate, situated in the County of Division State of Nevada, together with all after a squired title of the grantor(s)	vn
and quit claims to the GRANTEE(S), Thines L. DAVISON he following described real estate, situated in the Grant Experience of t	
ated in the County of Dill Glas State of Nevada, together with all after asquired title of the grantor(s) therein (legal description)	Z B. DAUISU
therein (legal description): **  DATED: 7/29/14  BATED: 7/29/14  HUSBAND	\$WLF6
the William backet B. Donoon	
Granto JAMES L. DAVISON Rantor RACHEL B. DAVISON	0
** LOTG, ASSHOWN ON THE MAP O	f ZEPAYR
State of Nevada Kyous subduision, Filed in the O	141CG 0+
County of Douglas THE COUNTY RECORDER OF DOUG ON Jacy 17, 1956 IN BOOK 1 OF A DOCUMENT # 11617; OFFICIAL REC	LAS NEUAPA
ON Javy 17, 1956 in Book 1 OK A	Aps,
See Affacual Document # 11617; OFFICHE REC	ornof
On this day personally appeared before me and, Grantor(s), to me	
known to be the individual(s) described in and who executed the foregoing instrument, and acknowledged that s/he	county
signed the same as his/her free and voluntary act and doed for the uses and purposes therein mentioned.	STATEOK
GIVEN under my hand and official seal this day of, 2014	NEVAPA
NOTARY PLIRI IC is and for the State of Nevado	

Residing at My compassion expires



BK: 0714 PG: 6812 7/30/2014

## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California	l	
County of HCOCO	_{	\ \
On July 29, 2014 before me, Wely	note ma Rever	_ \ \ .
Date	Here Insert Name and Title of the Officer	11-10
personally appeared Terro L D	Quison and Ka	One Down
14	who proved to me on the bas	s of satisfactory
	evidence to be the person(s) who	
	subscribed to the within instrument a	7.
	o me that h <del>e/she</del> /they execute <del>ais/he</del> r/their authorized capacity(ic	
	nis/her/their signature(s) on the	instrument the
	person(s), or the entity upon bel	
Notary Public - California	person(s) acted, executed the instr	umem.
	certify under PENALTY OF PER	
	aws of the State of California th	nat the foregoing
,	paragraph is true and correct.	
	WITNESS my hand and official se	<b>a</b> l
Place Notary Seal Above	Signature: Signature of Notary	Public
OPTIOI	NAL —	
Though the information below is not required by law, and could prevent fraudulent removal and	it may prove valuable to persons relying o reattachment of this form to another docul	n the document πent.
Description of Attached Document	Quit Claim Doc	$\sim$ l
Title or Type of Document:	/ /	1
Document Date:	Number of Pages	S:
Signer(s) Other Than Named Above:		. <u>.                                   </u>
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:	
☐ Corporate Officer — Title(s):	Signer's Name □ Corporate Officer — Title(s):	
☐ Individual RIGHT THUMBPRINT OF SIGNER	•	RIGHT THUMBPRINT OF SIGNER
☐ Partner — ☐ Limited ☐ General Top of thumb here	☐ Partner — ☐ Limited ☐ Genera	Top of thumb here
☐ Attorney in Fact	☐ Attorney in Fact	
☐ Trustee	☐ Trustee	
Guardian or Conservator	☐ Guardian or Conservator	
Other:	☐ Other:	-
Signer Is Representing:	Signer Is Representing:	_ _
		_
	<u> </u>	