

15

Quit Claim Deed

TAX PARCEL #:
1318-23-410-041

FILED FOR RECORD AT REQUEST OF: _____

WHEN RECORDED RETURN TO:

✓ Scott Simpson
PO Box 4367, Auburn, California 95604 Auburn, California, 96049
THIS SPACE PROVIDED FOR RECORDER'S USE -1719



KAREN ELLISON, RECORDER

QUIT CLAIM DEED

Quitclaim Deed

For and in consideration of \$50000, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Carolyn L Fiene, TTE Fiene Family Trust 022205, not married, of PO Box 2762, Stateline, Nevada 89449, (the "Grantor"), conveys and quit claims to Scott Simpson, not married, of PO Box 4367, Auburn, California 95604, (the "Grantee"), the following described real estate (the "Premises"), situated in the County of Douglas County, Nevada, together with all after acquired title of the Grantor in the Premises:

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN DOUGLAS COUNTY, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

Lot 7, as shown on the Map of PONDEROSA PARK SUBDIVISION, filed in true office of the County Recorder on February 25, 1970, Document No. 47249, Official Records of Douglas County, State of Nevada.

Assessor's Parcel No. 1318-23-410-041.

Being all or part of the same property described in the County Register's Deed Book 391, Page 1901.

DATED: October 8, 2014

Carolyn L. Fiene, Trustee
Carolyn L. Fiene, Trustee of the 2005 Fiene Family Trust dated February 22, 2005

California Acknowledgment Form

State of California }
County of NEVADA } ss.

On 10-8-2014 before me, Gregory M. Bilinski-Notary Public
personally appeared CAROLYN L. FIENE

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.

Seal



WITNESS my hand and official seal.



Signature of Notary

Notes

Please provide information about the document that this form is attached to.
This is not required under California State notary public law.

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

1. Assessor Parcel Number (s)

(a) 1318-23-410-041

(b) _____

(c) _____

(d) _____

2. Type of Property:

- | | |
|--|--|
| a) <input type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Fam Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg. | f) <input type="checkbox"/> Comm'l/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input checked="" type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> Other | |

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 50,000.00
 \$ _____
 \$ _____
 \$ 5195.00

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1 % per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Scott Simpson Capacity Owner

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Briere family Trust

Address: PO Box 2762

City: Stateline

State: NV Zip: 89449

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Scott Simpson

Address: PO Box 4367

City: Auburn

State: CA Zip: 95604

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)