

15-

APN: 1220-15-410-083

The undersigned hereby affirms that there is no Social Security number contained in this document.



KAREN ELLISON, RECORDER

E04

WHEN RECORDED, RETURN TO:

THOMAS L. OLSEN
1438 ANNKIM CIRCLE
GARDNERVILLE, NV 89460

GRANTEE/MAIL TAX STATEMENTS TO:

SAME AS ABOVE

QUITCLAIM DEED

THIS INDENTURE WITNESSETH: That DIANNE L. OLSEN, in consideration of the sum of Ten Dollars (\$10), the receipt of which is hereby acknowledged, do(es) hereby remise, release and forever quitclaim to THOMAS L. OLSEN, al as SINGLE MAN, all that real property situated in GARDNERVILLE RANCHOS county of DOUGLAS, State of Nevada, and more particularly described as follows:

LOT 31. IN BLOCK 2, AS SAID LOT AND BLOCK ARE SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 10, 1967. IN MAP BOOK 1, PAGE 55, FILE NO. 35914

WITNESS my/our hand(s) this 23rd day of Sept, 20 14.

Dianne L. Olsen
Print name Dianne L. Olsen

(ACKNOWLEDGMENT)

State of Idaho

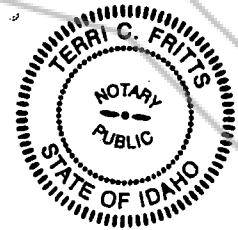
County of Washington

On this 23rd day of Sept., 2014, before me Terri C. Fritts a notary public, personally appeared Dianne L. Olsen, personally known to me to be the person(s) whose names(s) is (are) subscribed to the within instrument, and acknowledged to me that he (she) (they) executed the same.

Terri C. Fritts

Notary Public Idaho

My Commission Expires on 4-15-20



COOPER

DIANNIE COPY

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) 1220 15 410 083
- (b) _____
- (c) _____
- (d) _____

2. Type of Property:

- a) Vacant Land
- b) Single Fam Res.
- c) Condo/Twnhse
- d) 2-4 Plex
- e) Apt. Bldg.
- f) Comm'l/Ind'l
- g) Agricultural
- h) Mobile Home
- i) 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: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: #4

b. Explain Reason for Exemption: TRANSFER FROM JOINT TENANTS WITHOUT CONSIDERATION

5. Partial Interest: Percentage being transferred: 100 %

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 Thomas L. Olsen Capacity GRANTEE

Signature Dianna L. Olson Capacity GRANTOR

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: DIANNIE L. OLSEN

Address: 1218 COUNTY RD 70 (PO Box 624)

City: WEISER

State: IDaho Zip: 83677

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: THOMAS L. OLSEN

Address: 1439 MUNKIN CIRCLE

City: GARDNERVILLE

State: NV Zip: 89460

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

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____