



KAREN ELLISON, RECORDER E05

Assessor's Parcel Number: ~~1420~~ 1420-18-213-001

Recording Requested By:

Name: N. ADRIANA ARAGON MCENTIRE

Address: 3352 PLACER COURT

City/State/Zip CARSON CITY, NV-89705

Real Property Transfer Tax: #5

QUIT CLAIM DEED  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

**QUIT CLAIM DEED**

**THIS QUIT CLAIM DEED**, Executed this 30 day of January, 2015, by the Grantor, **Marco Humberto McEntire** whose Mailing address is 235 W Hampton Dr. Carson City, NV 89706 to the Grantee, and **Nohemi Adriana Aragon McEntire**, whose mailing address is 3352 Placer Court Carson City NV 89705

WITNESSETH, that the said Grantor for good Consideration and for the sum of \$0.00 paid by the said Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quit claim unto the said Grantee, forever, all the right, all the title interest and claim which the said Grantor has in and on to the following described parcel of land and improvements and appurtenances thereto in the county of Douglas, State of Nevada to wit: **Silverado Heights No.2 Lot 182 Block C; PLAT BOOK 33717**

IN WITNESS WHEREOF, The said Grantee has signed and sealed these presents the day and the year first above written.

Signed Sealed and delivered in presence of:

Marco Humberto McEntire  
Marco Humberto McEntire  
Grantor

\_\_\_\_\_  
Grantor

STATE OF NEVADA }

COUNTY OF DOUGLAS }

On JAN, 30, 2015 before me, M. LADNIER personally appeared

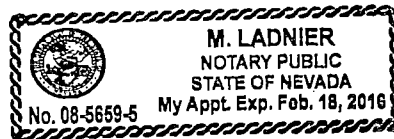
MARCO HUMBERTO MCENTIRE personally known to me (or proved to me on the basis of satisfactory evidence) to be the person (s) whose name is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity (ies) and that by his/~~her~~/their signature(s) on the instrument the person(s) on the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

M. Ladnier  
M. LADNIER

Affiant:        Known        Unknown

ID Produced: \_\_\_\_\_



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1420-18-213-001  
 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 \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

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 # 5  
 b. Explain Reason for Exemption: Quit claim from son to mother

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 parties agree that 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 Marco Humberto McEntire Capacity Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Marco H. McEntire  
 Address: 235 W. Hampton  
 City: Carson City  
 State: NV Zip: 89706

Print Name: N. Adriana Aragon McEntire  
 Address: 3352 Placer Court  
 City: Carson City NV  
 State: NV Zip: 89705

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: N. Adriana McEntire Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_