

**APN: 1320-31-513-009**  
**RECORDING REQUESTED BY:**  
Gerry & Cathy Colquhoun  
1632 Belarra St.  
Minden, NV 89423  
  
AFTER RECORDATION, RETURN BY MAIL TO:  
Gerry & Cathy Colquhoun  
1632 Belarra St.  
Minden, NV 89423



KAREN ELLISON, RECORDER E07

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**QUIT CLAIM DEED**

**THIS QUITCLAIM DEED**, executed this 6<sup>th</sup> day of MARCH, 2015, by first party, Grantors, GERALD H. COLQUHOUN and CATHY A. COLQUHOUN, husband and wife as joint tenants, whose post office address is 1632 Belarra Street, Minden, NV 89423, to second party, Grantees, GERALD H. COLQUHOUN and CATHY A. COLQUHOUN, Trustees of THE COLQUHOUN FAMILY TRUST, Dated March 6, 2015, whose post office address is 1632 Belarra Street, Minden, NV 89423.

**WITNESSETH**, that the said first party, for good consideration and for the sum of Ten Dollars (\$10.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Douglas, State of Nevada to wit:

Lot 12, in Block B, as said Lot and Block are shown on the Map of BELARRA SUBDIVISION, UNIT NO. 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 18, 1978, as Document No. 25373.

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

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

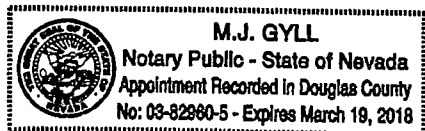
*Gerald H. Colquhoun*  
Gerald H. Colquhoun

*Cathy A. Colquhoun*  
Cathy A. Colquhoun

STATE OF NEVADA  
COUNTY OF DOUGLAS ) ss.

This instrument was acknowledged before me on the 6 day of March, 2015, by Gerald H. Colquhoun and Cathy A. Colquhoun.

*Maryell*  
Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1320-31-513-009  
 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: <u>Trust OK.</u>	

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 # 7  
 b. Explain Reason for Exemption: Transfer to Trust without consideration

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 Gerald H. Colquhoun Capacity \_\_\_\_\_ Grantor

Signature Cathy A. Colquhoun Capacity \_\_\_\_\_ Grantor

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Gerry & Cathy Colquhoun  
 Print Name: \_\_\_\_\_  
 Address: 1632 Belarra St  
 City: Minden  
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Gerry \* Cathy Colquhoun, Trustees  
 Print Name: \_\_\_\_\_  
 Address: 1632 Belarra St  
 City: Minden  
 State: NV Zip: 89423

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/MICROFILMED)