



KAREN ELLISON, RECORDER E05

Assessor's Parcel Number: 1420-07-616-042

Recording Requested By: DORINDA NICHOLAS

Name: SCOTT CRONK

Address: 811 S. 25TH ST.

City/State/Zip LARAMIE, WY 82070

Real Property Transfer Tax: \$ 0

QUITCLAIM 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.*

**QUITCLAIM DEED**

Dorinda Kathleen Nicholas, Grantor(s)

of Douglas County, State of Nevada, for and in consideration of Ten Dollars and Other Good and Valuable Consideration, in hand paid, receipt of which is hereby acknowledged, hereby Convey(s) and Quitclaim(s) to

Scott Nicholas Cronk, Grantee(s),

whose address is: 811 S. 25<sup>th</sup> Street, Laramie WY, 82070, all of

the following described real property, situate in Douglas County, State of Nevada, to wit:

**Lot 92, in Block B, of HIGHLAND ESTATES UNIT NO. 2, according to the map thereof filed in the office of the County Recorder of Douglas County, State of Nevada, on January 27, 1978, in Book 178, Page 1633, as Document No. 17090**

Hereby releasing and waiving all rights under and by virtue of the homestead exemption laws of the State of Nevada.

Witness my/our hand(s) this 20<sup>th</sup> day of APRIL, 2015.

Dorinda Kathleen Nicholas  
DORINDA KATHLEEN NICHOLAS

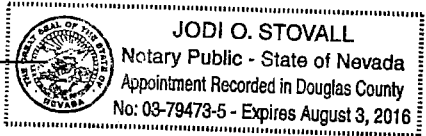
State of Nevada )  
 ) ss.

County of DOUGLAS )

This instrument was acknowledged before me on the 20<sup>th</sup> day of APRIL, 2015 by DORINDA KATHLEEN NICHOLAS

Jodi O. Stovall  
Notary Public

(Seal) My commission expires: 08-03-16



# 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) 1420-07-616-042  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

**2. Type of Property:**

a) <input type="checkbox"/> Vacant Land	b) <input checked="" 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 type="checkbox"/> Mobile Home
i) <input type="checkbox"/> Other	

**3. Total Value/Sales Price of Property:**

	\$	<u>0</u>
Deed in Lieu of Foreclosure Only (value of property)	\$	<u>0</u>
Transfer Tax Value:	\$	<u>0</u>
Real Property Transfer Tax Due:	\$	<u>0</u>

**4. If Exemption Claimed:**

a. Transfer Tax Exemption, per NRS 375.090, Section: 5

b. Explain Reason for Exemption: MY MOTHER, DORINDA NICHOLAS, WISHES TO RELINQUISH OWNERSHIP OF THIS PROPERTY TO HER SON, SCOTT CRONK.

**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.

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

Signature [Signature] Capacity GRANTEE

**SELLER (GRANTOR) INFORMATION (REQUIRED)**

Print Name: DORINDA NICHOLAS

Address: 3426 TOURMALINE WAY

City: CARSON CITY

State: NV Zip: 89705

**BUYER (GRANTEE) INFORMATION (REQUIRED)**

Print Name: SCOTT CRONK

Address: 811 S. 25TH STREET

City: LARAMIE

State: WY Zip: 82070

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

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_