APN: 1420-34-401-003

RECORDING REQUESTED BY:

Sharon K. McGuinness
1422 Johnson Ln.
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Sharon K. McGuinness
1422 Johnson Ln.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this _5_ day of _MAY_ , 2015, by first party, Grantor, SHARON K. McGUINNESS, a widow, whose post office address is 1422 Johnson Lane, Minden, NV 89423, to second party, Grantees, SHARON K. McGUINNESS, a widow, and her son, DAVID L. McGUINNESS, a married man as his sole and separate property, as joint tenants with right of survivorship, whose post office address is 1422 Johnson Lane, 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:

The South ½ of the West ½ of Lot 24, all in Artemisia Subdivision, according to the official plat thereof, filed in the office of the County Recorder of Douglas County, Nevada.

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.

Sharon K. McGuinness
Sharon K. McGuinness

STATE OF NEVADA   )
) ss.
COUNTY OF DOUGLAS   )

This instrument was acknowledged before me on the _5th_ day of _May_ , 2015, by Sharon K. McGuinness.

Shawnyne Garren
Notary Public

NOTARY PUBLIC
STATE OF NEVADA
County of Douglas
12-6956-5   SHAWNYNE GARREN
My Appointment Expires February 1, 2016
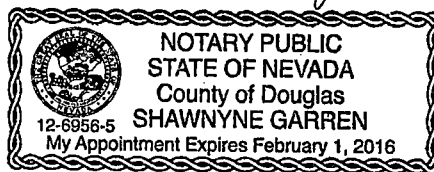
STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
   a)_____1420-34-401-003_____
   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: Transfer without consideration adding son to deed_____
   _____

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 _Sharon K M Guinness_____ Capacity _____Grantor_____

Signature_____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Sharon K. McGuinness	Sharon K. McGuinness & David L. McGuinness
Print Name:_____	Print Name:_____
Address: 1422 Johnson Ln._____	Address: 1422 Johnson Ln._____
City: Minden_____	City: Minden_____
State: NV_____Zip: 89423	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)