

WHEN RECORDED MAIL TO:

Marilyn Joan Harris Brightwell

*PO Box 2570 Gardnerville, NV 89410*

MAIL TAX STATEMENTS TO:

Marilyn Joan Harris Brightwell

*John A. Adams*

Escrow No. N1500839-RIT

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Pursuant to NRS 239b.030)

APN 1320-33-310-015 Space Above for Recorder's Use Only

R.P.T.T. \$0

**QUITCLAIM DEED**

**THIS INDENTURE WITNESSETH:** That Cynthia Harris wife of the Grantee FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, do/does hereby quitclaim to Douglas Edward Harris, a married man as his sole and separate property all that real property in the County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

It is the express intent of the grantor, being the spouse of the grantee, to convey all right, title and interest of the grantor, community or otherwise, in and to the herein described property, to the grantee as his/her sole and separate property.

*Cynthia Harris*  
Cynthia Harris

*JULY 30, 2015*

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on \_\_\_\_\_,  
by Cynthia Harris

**SEE ATTACHED**

\_\_\_\_\_  
NOTARY PUBLIC

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

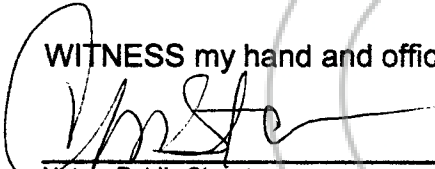
County of El Dorado }

On 30 July 2015 before me, C. M. Staller, Notary Public,  
(Here insert name and title of the officer)

personally appeared Cynthia Lynn Harris,  
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~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), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public Signature

(Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

**DESCRIPTION OF THE ATTACHED DOCUMENT**

Quitclaim Deed  
(Title or description of attached document)

APN-132033-310-015  
(Title or description of attached document continued)

Number of Pages 2 Document Date 7-30-2015

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- ~~Corporate Officer~~
- \_\_\_\_\_  
(Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /ae ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

Escrow No. N1500839-RIT

**EXHIBIT A  
LEGAL DESCRIPTION**

Lot 30, Block O, as set forth on Final Subdivision Map FSM-1006 for CHICHESTER ESTATES PHASE 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215, and by Certificate of Amendments recorded March 5, 1997 Book 0397, at Page 654, as Document No. 407852 and recorded July 17, 2001, Book 0701, Page 3931, as Document No. 518480.



**STATE OF NEVADA-DECLARATION OF VALUE FORM**

**1. Assessor Parcel Number(s)**

- a) 1320-33-310-015
- 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:**

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

**4. If Exemption Claimed**

- a. Transfer Tax Exemption, per NRS 375.090, Section 5
- b. Explain Reason for Exemption: Removing Spouse interest 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 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 Cynthia J. Harris Capacity WIFE / GRANTOR  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

(REQUIRED)

Print Name: CYNTHIA L. HARRIS  
Address: P.O. BOX 357  
POLLOCK PINES, CA 95726  
City, State, Zip

Print Name: Douglas Edward Harris  
Address: PO Box 357  
Pollock Pines, CA 95726  
City, State Zip

**COMPANY/PERSON REQUESTING RECORDING (Required if not the Seller or Buyer)**

Print Name: Northern Nevada Title Company Escrow #: N1500839-RIT  
Address: 1483 Highway 395, Suite B  
City, State, Zip: Gardnerville, NV 89410