

15

APN# 1220-21-510-135

Recording Requested by/Mail to:

Name: PENELOPE PAPPAS

Address: P.O. BOX 897

City/State/Zip: GENOA, NV 89411

Mail Tax Statements to:

Name: PENELOPE PAPPAS

Address: P.O. BOX 897

City/State/Zip: GENOA, NV 89411



KAREN ELLISON, RECORDER

E07

QUIT CLAIM DEED

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Penelope Pappas
Signature

Penelope Pappas
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1220-21-510-135

RECORDING REQUESTED BY:

Penelope Pappas
P.O. Box 897
Genoa, NV 89411

AFTER RECORDATION, RETURN BY MAIL TO:

Penelope Pappas
P.O. Box 897
Genoa, NV 89411

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

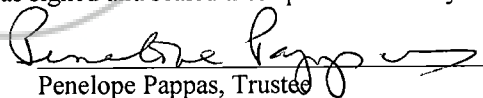
THIS QUITCLAIM DEED, executed this 20 day of August, 2015, by first party, Grantor, PENELOPE PAPPAS f/k/a PENELOPE SIMPSON, Trustee of THE PENELOPE SIMPSON REVOCABLE INTER VIVOS TRUST AGREEMENT, Dated December 11, 1996, whose post office address is P.O. Box 897, Genoa, NV 89411, to second party, Grantee, PENELOPE PAPPAS, Trustee of THE PENELOPE PAPPAS REVOCABLE INTER VIVOS TRUST AGREEMENT, Dated December 11, 1996, whose post office address is P.O. Box 897, Genoa, NV 89411.

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 183 OF GARDNERVILLE RANCHOS UNIT NO. 6, ACCORDING TO THE MAP THEREOF, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MAY 29, 1973 IN BOOK 573, PAGE 1026 AS FILE NO. 66512.


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.

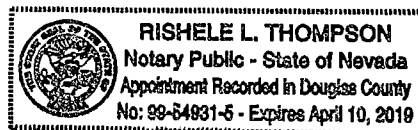

Penelope Pappas, Trustee

State of Nevada)
) ss.
County of Douglas)

This instrument was acknowledged before me on the 20 day of August, 2015, by Penelope Pappas



Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1220-21-510-135
 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 Verified</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 Penelope Pappas Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Penelope Pappas, trustee

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Penelope Pappas, Trustee

Print Name: _____
 Address: P.O. Box 897
 City: Genoa
 State: NV Zip: 89411

Print Name: _____
 Address: P.O. Box 897
 City: Genoa
 State: NV Zip: 89411

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____