DOUGLAS COUNTY, NV

2015-870729

Rec:\$15.00 Total:\$15.00

10/06/2015 02:19 PM

,00,20.0

ANDERSON KEUSCHER PLLC

Pgs=3

18

APN 1420-08-210-046

RPTT: \$0.00

Exemption: NRS 375.090(6)

SEND TAX STATEMENT TO: WHEN RECORDED MAIL TO:

Daniel Harlan Jenkins 2849 Vicky Lane Minden, Nevada 89423

APN 1420-08-210-046



KAREN ELLISON, RECORDER

E06

QUITCLAIM DEED

For valuable consideration, receipt of which is hereby acknowledged, <u>Grantor</u> JOSIAN LEE ZDUNICH JENKINS does hereby remise, release, and quitclaim unto the <u>Grantee</u>, DANIEL HARLAN JENKINS, and to his heirs, executors and assigns forever, all of her right, title and interest in and to that certain real property situated in the County of Douglas, State of Nevada, described as follows:

LOT 19, IN BLOCK G, AS SET FORTH ON THAT CERTAIN FINAL MAP OF SUNRIDGE HEIGHTS, PHASE 3, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON JUNE 1, 1994 IN BOOK 694, PAGE 1, AS DOCUMENT NO. 338607, OFFICIAL RECORDS.

TOGETHER WITH, all and singular the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, and issues and profits thereof.

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APN 1420-08-210-046

TO HAVE AND TO HOLD said premises together with the appurtenances unto said Grantee and to his assigns, and to his heirs, executors, and administrators of the survivors forever.

IN WITNESS WHEREOF, Grantor JOSIAN LEE ZDUNICH JENKINS has executed this Quitclaim Deed the day and year written below.

Date: 14th September, 2015

JOSIAN LEE ZDUNICH JENKINS

STATE OF NEVADA

SS.

CARSON CITY

On the day of Mpt 2015, personally appeared before me, a Notary Public in and for the county and state aforesaid, JOSIAN LEE ZDUNICH JENKINS, known to me to be the person described herein and who executed the foregoing instrument, and who acknowledged to me that she subscribed the same freely and voluntarily and for the uses and purposes therein contained.

NICHOLE E. VALDEZ
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 08-5677-12
NYAPPT, EXPIRES JANUARY 10, 2016

NOTARY PUBLIC

DECLARATION OF VALUE	
DECLARATION OF VALUE 1. Assessor Parcel Number(s)	
 Assessor Parcel Number(s) a) 1420-08-210-046 	\wedge
b)	< \
	\ \
c) d)	\ \
d)	\ \
0 m cn	\ \
2. Type of Property:	\ \
a) Vacant Land b) ✓ Single Fam. Res.	
c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
e) Apt. Bldg f) Comm'l/Ind'l	BOOK PAGE
	DATE OF RECORDING:
g) Agricultural h) Mobile Home	NOTES:
i)	
•	<u>/</u>
3. Total Value/Sales Price of Property:	s \$0.00
Deed in Lieu of Foreclosure Only (value of property)	(\$0.00
Transfer Tax Value:	\$ \$0.00
Real Property Transfer Tax Due:	\$.\$0.00
4. <u>If Exemption Claimed:</u>	
a. Transfer Tax Exemption per NRS 375.090, Sect	ion # 6
b. Explain Reason for Exemption: A transfer of ti	tle between former spouses pursuant
to the Decree of Divorce.	
5. Partial Interest: Percentage being transferred: \$10	10.4%
5. Turtur interest. Tereshage being transferred. "B 10	1012 70
The understand dedone of demonstrates and	14 C
The undersigned declares and acknowledges, under pen	arry of perjury, pursuant to NRS 3/5.060 and NRS
375.110, that the information provided is correct to the b	
supported by documentation if called upon to substantia	te the information provided herein. Furthermore, the
parties agree that disallowance of any claimed exemption	
result in a penalty of 10% of the tax due plus interest at	1% per month.
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Pursuant to NRS 375.030, the Buyer and Seller shall be jointly	and severally liable for any additional amount owed.
and the same of th	Crontor
Signature ////////////////////////////////////	Capacity Grantor
CAIWI I	/ / Overtee
Signature / / / / / / / / / / / / / / / / / / /	Capacity Grantee
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED) //	(REQUIRED)
	^
Print Name: Josian Lee Zdunich Lenkins Pri	nt Name: Daniel Harlan Jenkins
Address: 3434 NROOD St Apt 3 Ad	dress: 2849 VICKY lane
City: Carson City Cit	
	ite: NV Zip: 89423
COMPANY/PERSON REQUESTING RECORDING	
(required if not the seller or buyer)	
	Sscrow#
Address:	·····
City: State:	Zip:
(AS A PUBLIC RECORD THIS FORM MA	Y BE RECORDED/MICROFIL MED)
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