

APN# 1319-30-631-017

Recording Requested by/Mail to:

Name: SCOTT COCHRAN

Address: 1071 E ACAMPO RD

City/State/Zip: ACAMPO, CA 95220

Mail Tax Statements to:

Name: SAME AS ABOVE

Address: _____

City/State/Zip: _____



KAREN ELLISON, RECORDER

QUITCLAIM 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)

Scott Cochran

Signature

SCOTT COCHRAN

Printed Name

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

APN: 1319-30-631-017

Return document to:

Scott Cochran
1071 E Acampo Rd
Acampo, Ca 95220

Mail tax statements to:

Scott Cochran
1071 E Acampo Rd
Acampo, Ca 95220

QUITCLAIM DEED

This quitclaim deed, executed this 15th day of December , 2015 , by the grantor, Scott Cochran, unmarried, 1071 E Acampo Rd. Acampo, Ca. 95220 San Joaquin County and Frances Montiel formerly known as Frances Cochran, remarried, 350 Marsala Ct Manteca, Ca. 95336 San Joaquin County. Both equal owners of the property.

for the consideration of \$100.00

One hundred dollars

in hand paid, does hereby remise, release and quitclaim forever to the grantee,

Jesse Center, unmarried man, solo ownership, 9504 Chisholm Way, Stockton, Ca 95209 san Joaquin County.

all right, title, and interest in and to the following real property situated in the County of Douglas , State of Nevada, legally described as:

Lot Forty Nine (49) Unit Two Hundred Eight (#208) of The Ridge Crest.

See attached complete Exhibit "A "

In witness whereof, the grantor has signed and sealed these presents on the day first above written.

Signature

Print name

Capacity

Signature

Print name

Capacity

Signature

Print name

Capacity

Signature

Print name

Capacity

Construe all terms with the gender and quantity required by the sense of this deed.

STATE OF California ;
COUNTY OF San Joaquin

This instrument was acknowledged before me on this 17 day of December, 20 15 by
Frances Dolores Montiel and Scott Andrew Cochran Sr

Signature

Title

Jana E. Skad
Notary public

See attachment.

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 San Joaquin } s.s.

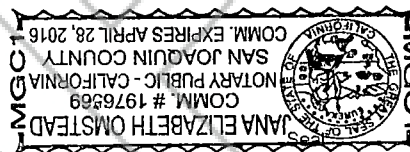
On 12/17/15 before me, Jana Elizabeth Omstead, Notary Public
Name of Notary Public, Title
 personally appeared Frances Dolores Montiel
Name of Signer (1)
Scott Andrew Cochran SR
Name of Signer (2)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ is subscribed to the within instrument and acknowledged to me that ~~he~~ he/she ~~she~~ they executed the same in ~~his~~ his/her ~~her~~ their authorized capacity(ies), and that by ~~his~~ his/her ~~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.

Jana E. Omstead
Signature of Notary Public



OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Quit Claim Deed containing pages, and dated 12/17/15.

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-fact
- Corporate Officer(s) _____
Title(s)
- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: _____

representing: _____
Name(s) of Person(s) Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

- form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

- Additional Signer Signer(s) Thumbprints(s)

EXHIBIT "A" (49)

A Timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

(A) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as document No. 183624.

(B) Unit No. 208 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&Rs"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN 40-370-17

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1319-30-631-017
b) _____
c) _____
d) _____

2. Type of Property:
- | | | | |
|--|--------------|-----------------------------|------------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam. Res. |
| c) <input checked="" 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 _____ | | |

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 101.00
Deed in Lieu of Foreclosure Only (value of property) _____
Transfer Tax Value: \$ 101.00
Real Property Transfer Tax Due: \$ 1.95

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # _____
b. Explain Reason for Exemption: _____

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 <u>[Signature]</u>	Capacity <u>Buyer</u>
Signature <u>[Signature]</u>	Capacity <u>SELLER</u>

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

Print Name: SCOTT COCHRAN
Address: 1071 E. ACAMPO RD
City: ACAMPO
State: CA Zip: 95220

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

Print Name: JESSE CENTER
Address: 9504 CHISHOLM WAY
City: STOCKTON
State: CA Zip: 95209

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)