

APN# 1A20-07-411-010

Recording Requested by/Mail to:

Name: CALVIN A. HOBSON

Address: 3439 BASALT DR

City/State/Zip: CARSON CITY, NV, 89705



KAREN ELLISON, RECORDER E05

Mail Tax Statements to:

Name: SAME

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QUIT CLAIM DEED

THE GRANTOR, ELIZABETH R. HOBSON of 3437 BASALT DR  
City of INDIAN HILLS, County of DOUGLAS,  
State of NEVADA, for the consideration of \$ 10<sup>00</sup>  
(TEN DOLLARS)

CONVEY \_\_\_\_\_ and QUIT CLAIM \_\_\_\_\_ to CALVIN A. HOBSON  
of 3439 BASALT DR, City of INDIAN HILLS, County of DOUGLAS  
State of NEVADA, all interest in the following described real estate  
situated in the County of DOUGLAS, in the State of NEVADA, to wit:

LOT 48, RIDGEVIEW ESTATES, MAP FILED IN DOUGLAS COUNTY RECORDER  
DECEMBER 27, 1972 (DOCUMENT # 63503) A.P.N. 1420-07-411-010  
STREET ADDRESS OF 3437 BASALT DR., CARSON CITY, NV 89705

Dated this 14 day of (mo.) AUGUST, (yr.) 2013.

Elizabeth R. Hobson

Grantor's Signature

ELIZABETH B. HOBSON

Type or Print Name

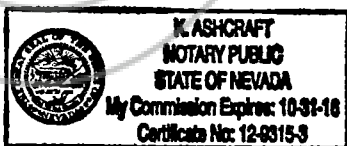
Grantor's Signature

Type or Print Name

STATE OF NEVADA  
COUNTY OF CARSON

I, K. ASHCRAFT, Notary Public in and for the state of  
NEVADA, do hereby certify that on this 14 day of (mo.) AUGUST,  
(yr.) 2013, personally appeared before me ELIZABETH B. HOBSON  
known to be the individual described in and who executed the within instrument and  
acknowledged that SHE signed the same as ELIZABETH B. HOBSON -  
free and voluntary act and deed for the uses and purposes herein mentioned.

Given under my hand and official seal this 14 day of (mo.) AUGUST,  
(yr.) 2013. Commission expires (mo./day) 10 / 31, (yr.) 2016



K. Ashcraft  
Notary Public

# STATE OF NEVADA DECLARATION OF VALUE

## FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

### 1. Assessor Parcel Number (s)

(a) 1420-07-411-010

(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

### 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 FROM MOTHER TO SON

### 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 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 Calvin A. Hobson Capacity GRANTEE

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: ELIZABETH HOBSON

Address: 3437 BASALT DR

City: CARSON CITY

State: NV Zip: 89705

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: CALVIN A. HOBSON

Address: 3439 BASALT DR

City: CARSON CITY,

State: NV Zip: 89705

### COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_