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KAREN ELLISON, RECORDER

E07

APN: 1420-07-115-003

**Recording Requested By:**  
**When Recorded Mail to and**  
**Mail Tax Statements to Owner:**

The Linda M. Allen Trust  
1400 Kim Place  
Minden, NV 89423

**QUITCLAIM DEED**

*Linda M. Allen, Surviving Trustee of the Allen 2010 Family Trust ("Grantor"),*  
hereby quitclaim to *Linda M. Allen, Trustee of the Linda M. Allen Trust dated January 23,*  
*2016 ("Grantee"),* and to its successors and assigns, all their right, title and interest in and  
to that certain real property situate in the County of Douglas, State of Nevada, being  
Assessor's Parcel No. 1420-07-115-003, and more fully described as follows:

Lot J-17, in Block J, VALLEY VISTA ESTATES PHASE 3

**TOGETHER** with all tenements, hereditaments and appurtenances thereto  
belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

**TO HAVE AND TO HOLD,** all and singular, the said premises together  
with the appurtenances, unto the Grantee, it heirs and assigns forever.

**IN WITNESS WHEREOF,** the Grantors have hereunto caused this

instrument to be executed the day and year set forth below.

Dated this 1<sup>st</sup> day of March, 2016.

THE ALLEN 2010 FAMILY TRUST

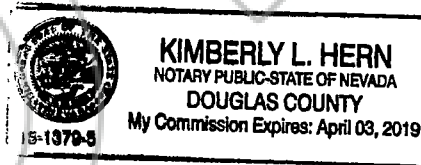
  
Linda M. Allen, Trustee

STATE OF NEVADA )  
 ) : ss.  
COUNTY OF Douglas )

On the 1<sup>st</sup> day of March 2016, before me, a notary public in and for said State, personally appeared Linda M. Allen, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

  
NOTARY PUBLIC



439174



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1420-07-115-003  
 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: _____	
Trust OK-KCC	

3. Total Value/Sales Price of Property: \$ 0  
 Deed in Lieu of Foreclosure Only (value of property) ( 0 )  
 Transfer Tax Value: \$ 0  
 Real Property Transfer Tax Due: \$ 0

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 7  
 b. Explain Reason for Exemption: a transfer of title to or from a 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 Linda M Allen Capacity Grantor

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

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Linda M Allen  
 Address: 1400 Kim Place  
 City: Minden  
 State: NV Zip: 89423

Print Name: Linda M Allen  
 Address: 1400 Kim Place  
 City: Minden  
 State: NV Zip: 89423

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)