

APN: ~~27-624-03~~ 1220-16-210-184
R.P.T.T.: \$0.00
TRANSFERRED WITHOUT CONSIDERATION



KAREN ELLISON, RECORDER E07

RECORDING REQUESTED BY:
Barbara M. McKinnon, Trustor and/or Trustee
The Valdes Family Trust

WHEN RECORDED MAIL TO:
MAIL TAX STATEMENTS TO:
BARBARA M. MCKINNON
The Valdes Family Trust
3990 Buckingham Square
Reno, NV 89503

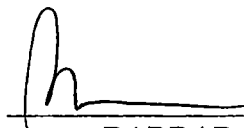
QUITCLAIM DEED

FOR NO VALUABLE CONSIDERATION, **Barbara M. McKinnon, an unmarried woman, Grantor**, does hereby release and forever quitclaim to **The Valdes Family Trust, dated 4/20, 2016, Barbara Marianna McKinnon, Trustor and/or Trustee, Grantee**, all the right, title and interest of the undersigned in and to all that real property situated in the County of Douglas, State of Nevada, legally described as follows:

Lot 41, in Block F, as said Lot and Block are shown on that certain Map entitled "AMENDED MAP OF RANCHO ESTATES," filed for record on October 30, 1972, in Book 1072, Page 642, as Document No. 62493.

Together with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

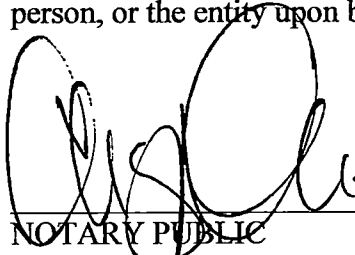
Dated: 4/20, 2016



BARBARA M. MCKINNON

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

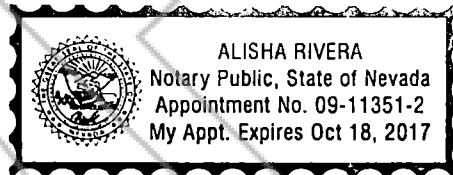
On APRIL 20, 2016, personally appeared before me, a Notary Public, BARBARA M. McKINNON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the above instrument.



NOTARY PUBLIC

(seal)

My commission expires: 10/18/17



APN: 27-624-03

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 27-024-03 1220-16-210-184
 b) _____
 c) _____
 d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input 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

Notes:

Verified Trust Cert - J

3. Total Value/Sales Price of Property:

	<u>\$0.00</u>
Deed in Lieu of Foreclosure Only (value of property)	<u>\$0.00</u>
Transfer Tax Value:	<u>\$0.00</u>
Real Property Transfer Tax Due:	<u>\$0.00</u>

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 7
 b. Explain Reason for Exemption: Transfer of title to or from a trust without consideration when a certificate of trust is presented.

5. Partial Interest: Percentage being transferred: n/a %

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 [Signature] Capacity Trustee/Grantee
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Barbara M. McKinnon
 Address: 3990 Buckingham Square
 City: Reno
 State: NV Zip: 89503

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Valdes Family Tr-Barbara M. McKinnon, Ttee
 Address: 3990 Buckingham Square
 City: Reno
 State: NV Zip: 89503

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)