

APN# 1022-15-001-053

Recording Requested by/Mail to:

Name: Elizabeth Garcia

Address: 3810 Pebble DR.

City/State/Zip: Wellington, NV 89444

Mail Tax Statements to:

Name: Elizabeth Garcia

Address: 3810 Pebble Dr.

City/State/Zip: Wellington, NV 89444



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)

Signature

Printed Name

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

APN: 1022-15-001-053

Return document to:

Elizabeth Garcia
3810 Pebble Dr.
Wellington, NV 89444

Mail tax statements to:

Elizabeth Garcia
3810 Pebble Dr.
Wellington, NV 89444

QUITCLAIM DEED

This quitclaim deed, executed this 19 day of May, 2016, by the grantor,
Frances Elisarraras, Widdow
3704 Ballman Way
Wellington, NV 89444

for the consideration of \$10.00

Ten Dollars

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

Elizabeth Garcia and Lawrence Garcia, husband and wife, as community property with rights of survivorship.

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

Property Location: 3810 Pebble Dr.

Town: Topaz Ranch GID District: 610.0 - Topaz Ranch GID

Subdivision: Topaz Ranch EST #4 Lot: 9 Block: F

Book 1 of maps, Page 224, AS document No. 50212

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

Frances Elisarraras

Signature

FRANCES ELISARRARAS

Print name

Frances Elisarraras

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.

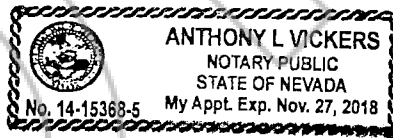
STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on this 19th day of MAY, 2016 by

FRANCES ORTEGA ELISARRARAS

Anthony L. Vickers
Signature

Title



STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
 a. 1022-15-001-053
 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'/Ind'l
 g. Agricultural h. Mobile home
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: _____

3. a. Total Value/Sales Price of Property \$ 26,731
 b. Deed in Lieu of Foreclosure Only (value of property) (_____)
 c. Transfer Tax Vaule \$ _____
 d. Real Property Transfer Tax Due \$ 105.30

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section _____
 b. Explain Reason for Exemption: ~~A Transfer of title without consideration from one joint tenant or tenant in common to one or more joint remaining tenants or tenants in common~~ ET

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 the 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: Frances Elisarraras

Capacity: Grantor
 Capacity: Grantee

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Print Name: Frances Elisarraras
 Address: 3704 Ballman Way
 City: Wellington
 State: NV Zip: 89444

BUYER (GRANTEE) INFORMATION
 (REQUIRED)
 Print Name: Elizabeth Garcia
 Address: 3810 Pebble Dr.
 City: Wellington
 State: NV Zip: 89444

COMPANY REQUESTING RECORDING
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____