



KAREN ELLISON, RECORDER E04

# Quitclaim Deed

RECORDING REQUESTED BY Nicole W Webb

**AND WHEN RECORDED MAIL TO:**

Susan Y Alphonso, Grantee(s)  
P.O. Box 8383  
South Lake Tahoe, CA 96158

Consideration: \$ No Consideration

Property Transfer Tax: \$ N/A

Assessor's Parcel No.: 1230-29-118-007

PREPARED BY: Nicole W Webb certifies herein that he or she has prepared this Deed.

Nicole Webb  
Signature of Preparer

06/03/16  
Date of Preparation

Nicole Webb  
Printed Name of Preparer

**THIS QUITCLAIM DEED**, executed on June 3, 2016 in the County of Kern, State of California

by Grantor(s), Nicole Webb & Aaron Webb,  
whose post office address is 3900 Reno Ave Bakersfield, CA 93309,  
to Grantee(s), Susan Y Alphonso,  
whose post office address is PO Box 8383 South Lake Tahoe, CA 96158,

**WITNESSETH**, that the said Grantor(s), Nicole Webb & Aaron Webb,  
for good consideration and for the sum of Zero Dollars and Zero Cents  
(\$ 0.00) paid by the said Grantee(s), the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title interest

and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Douglas , State of Nevada and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

**IN WITNESS WHEREOF**, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

**GRANTOR(S):**

Nicole Webb  
Signature of Grantor

Nicole Webb  
Print Name of Grantor

\_\_\_\_\_  
Signature of First Witness to Grantor(s)

\_\_\_\_\_  
Print Name of First Witness to Grantor(s)

Harro Webb  
Signature of Second Grantor (if applicable)

Harro Webb  
Print Name of Second Grantor (if applicable)

\_\_\_\_\_  
Signature of Second Witness to Grantor(s)

\_\_\_\_\_  
Print Name of Second Witness to Grantor(s)

**GRANTEE(S):**

\_\_\_\_\_  
Signature of Grantee

\_\_\_\_\_  
Print Name of Grantee

\_\_\_\_\_  
Signature of First Witness to Grantee(s)

\_\_\_\_\_  
Print Name of First Witness to Grantee(s)

\_\_\_\_\_  
Signature of Second Grantee (if applicable)

\_\_\_\_\_  
Print Name of Second Grantee (if applicable)

\_\_\_\_\_  
Signature of Second Witness to Grantee(s)

\_\_\_\_\_  
Print Name of Second Witness to Grantee(s)

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, a notary public in and for said state, personally appeared, \_\_\_\_\_

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

**WITNESS** my hand and official seal.

\_\_\_\_\_  
Signature of Notary

*See Attached For  
Notary Acknowledgment*

Affiant Known \_\_\_\_\_ Produced ID \_\_\_\_\_

Type of ID \_\_\_\_\_

(Seal)

# 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 Kern

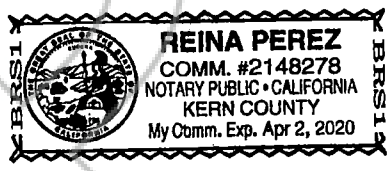
On June 3, 2016 before me, Reina Perez  
(Here insert name and title of the officer)

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

Reina Perez  
Signature of Notary Public



(Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

**DESCRIPTION OF THE ATTACHED DOCUMENT**

Quitclaim Deed  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 3 Document Date 6/3/16

(Additional information)

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, ~~is/are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ☒ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ☒ Indicate title or type of attached document, number of pages and date.
  - ☒ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)  
 Corporate Officer  
(Title)

Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

Securely attach this document to the signed document

Order No. 063415-CAL

**Legal Description**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

**PARCEL 1:**

Unit 141, as shown on the Official Plat of WINHAVEN, UNIT NO. 4, PHASE B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 19, 1993, in Book 893, Page 3899, Document No. 315527.

**PARCEL 2:**

A Non-Exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in the Declaration of Covenants, Conditions and Restrictions, recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

Assessor's Parcel Number(s):  
1230-29-118-007

Page 6 of 15  
Color Code Green



Initial

Initial

Initial

Initial



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1200-29-118-007  
 b) 1320  
 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: <u>Verified Doc # 840629</u>	

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

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 4  
 b. Explain Reason for Exemption: Transfer from joint tenant to remainder joint tenant

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 [Signature] Capacity Grantor

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

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Nicole & Aaron Webb  
 Address: 3900 Reno Ave  
 City: DIABLOFIELD  
 State: CALIF. Zip: 93309

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Jessie Y. Alphonso  
 Address: PO Box 8383  
 City: SO LANE TAHOE  
 State: CALIF. Zip: 96158

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)