

APN 1220-21-610-264

GRANTEE:

Bella Ilalaole
P.O. Box 732
Kalaheo, HI 96741

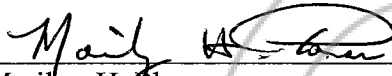
**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

Steven E. Tackes, Esq.
Kaempfer Crowell
510 W. Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Bella Ilalaole
P.O. Box 732
Kalaheo, HI 96741

I affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030).



Marilyn H. Planas

QUITCLAIM DEED

THIS INDENTURE is made this 9th day of August, 2016, between MARILYN H. PLANAS, single, as Grantor and Party of the First Part; and her mother, BELLA ILALAOLE, a widow, as Grantee and Party of the Second Part.

WITNESSETH:

That the said Party of the First Part, for no consideration, does by these presents remise, release and forever Quitclaim unto the said Party of the Second Part, as aforesaid, all of her interest in the following described certain real property and improvements situated in the County of Douglas, State of Nevada, and more particularly described as follows:

LOT NO. 537 as shown on the Map of Gardnerville Ranchos Unit No. 6, being a revision of the West ½ of Gardnerville Ranchos Unit No. 5 and other land filed in the Office of the County Recorder of Douglas County of the State of Nevada on May 29, 1973. Document No. 66512.

Excepting Oil, gas and mineral rights.

Together with all improvements thereon, and all of the rights, easements and appurtenances thereunto belonging or in anywise appertaining.

Legal description taken from Quitclaim Deed recorded May 20, 2010, as Document No. 0764004.

Property Location: 741 Hornet Drive, Gardnerville Ranchos; APN 1220-21-610-264.

IN WITNESS WHEREOF, the Party of the First Part has caused this conveyance to be executed the day and year hereinabove first written.

Marilyn H. Planas
MARILYN H. PLANAS
Grantor

ACKNOWLEDGMENT

STATE OF HAWAII }
COUNTY OF KAUAI } ss.

On this 9 day of August, 2016, before me, the undersigned, a Notary Public, personally appeared MARILYN H. PLANAS known to me to be the person described herein, who executed the foregoing instrument as Grantor, and acknowledged to me that she executed the same, freely and voluntarily, and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year hereinabove written.

Debra J. Orsatelli
NOTARY PUBLIC (SEAL)

L.S.

NOTARY PUBLIC CERTIFICATION
Debra J Orsatelli Fifth Circuit
Doc Description State of Nevada
Quitclaim Deed
No of Pages 3 Date of Doc Notary
Debra J Orsatelli 8-9-16
Notary Signature Date

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 1220-21-610-264 _____
- 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
- Other _____

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

3. Total Value/Sales Price of Property

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

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 5
- b. Explain Reason for Exemption: Transfer between child and parent - from Daughter to Mother

5. Partial Interest: Percentage being transferred: 100 %

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 Marilyn H. Planas Capacity Grantor
 Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Marilyn H. Planas Print Name: Bella Ilalaole

Address: P.O. Box 732 Address: P.O. Box 732

City: Kalaheo City: Kalaheo

State: Hawaii Zip: 96741 State: Hawaii Zip: 96741

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: Kaempfer Crowell Escrow #: _____

Address: 510 West Fourth Street

City: Carson City State: NV Zip: 89703