



KAREN ELLISON, RECORDER E06

APN# 1220-16-210-170

Recording Requested by/Mail to:

Name: DENISE R JORGENSEN

Address: 1406 PRIMROSE LN

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: SAME

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$1.00 Additional Recording Fee for Use of This Page

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 15 day of August 2016, by Jan T. Jorgensen, an unmarried man the first party, whose post office address is 675 Denslowe Dr. Apt C, Reno, NV 89512-2325 and the second party, Denise R. Jorgensen, an unmarried woman whose post office address is 1406 Primrose Ln., Minden NV 89423.

WITNESSETH, that the said first party, for good consideration and for the sum of zero Dollars (\$ 0 ) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Douglas State of Nevada, to wit:

Assessor's Parcel No 27-631-07

Lot 5, in Block F, As Said lot and Block are shown on that certain map entitled "AMENDED MAP OF RANCHOS ESTATES", filed for record on October 30, 1972, in Book 1072, Page 642, as Document No. 62493

IN WITNESS WHEREOF, the said first party has signed and sealed these presents \_\_\_\_\_

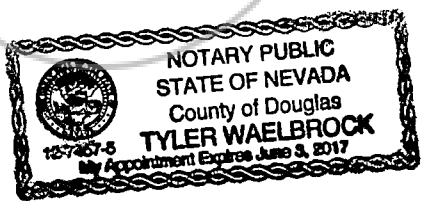
STATE OF NEVADA  
COUNTY OF DOUGLAS

Jan T. Jorgensen  
Jan T. Jorgensen

On August 15 (month & day) 2016 (year) before me, Tyr Waelbrock personally appeared, Jan T. Jorgensen personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her 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.

Tyr Waelbrock  
(Notary)



**State of Nevada  
Declaration of Value**

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument #: \_\_\_\_\_  
Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Date of Recording: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

1. Assessor Parcel Number(s)  
a) 1220-16-210-170  
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 Timeshare

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

4. If Exemption Claimed:  
a. Transfer Tax Exemption, per NRS 375.090, Section: Exemption 5, 6  
b. Explain Reason for Exemption: Transfer to Ex Spouse

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 1/2% 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 AGENT  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: Jan T. Jorgensen  
Address: 675 Denslowe Dr., Apt C  
City: Reno State: NV Zip: 89512

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

Print Name: Denise R. Jorgensen  
Address: 1406 Primrose Ln.  
City: Minden State: NV Zip: 89423

**COMPANY/ PERSON REQUESTING RECORDING**  
(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)