



KAREN ELLISON, RECORDER E07

APN 1220-12-710-031

APN _____

APN _____

FOR RECORDER'S USE ONLY

QUITCLAIM DEED
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law:

Day Williams 6/1/17 Day R. Williams, Attorney
Signature Print Name & Title

WHEN RECORDED MAIL TO:

Day R. Williams, Esq.

1601 Fairview Drive, Suite C

Carson City, NV 89701

State of Nevada
Declaration of Value

FOR RECORDER'S OPTIONAL USE ONLY
Document/Instrument # _____
Book: _____ Page: _____
Date of Recording: 11-1-11
Notes: Trust OK.

1. Assessor Parcel Number(s)
a) 1220-12-710-031
b) _____
c) _____
d) _____
2. Type of Property:
a) Vacant Land 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 _____

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

4. **If Exemption Claimed:**
a. Transfer Tax Exemption, per NRS 375.090, Section: 7
b. Explain Reason for Exemption: A transfer of title into a trust, without consideration

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 therein. 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 Grantor/Trustee
Signature [Signature] Capacity Grantor/Trustee

SELLER (GRANTOR) INFORMATION (REQUIRED)
Print Name: James M & Karen H Griswold
Address: 1079 Log Cabin Road
City: Gardnerville
State: NV Zip 89410

BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: James M & Karen H Griswold, Trustees
Address: 1079 Log Cabin Road
City: Gardnerville
State: NV Zip 89410

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)
Print Name: Day R. Williams, Esq. Escrow # _____
Address: 1601 Fairview Drive
City: Carson City State NV Zip 89701

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)