

Assessors Parcel Number: 15-102-11

*1419-14-001-014*



**Return Recorded Document To:**

Robin Kiely  
491 Alpine View Court  
Carson City, NV 89705

KAREN ELLISON, RECORDER

E07

**Recording Requested By:**

Mahe Law, Ltd.  
707 N. Minnesota Street, Suite D  
Carson City, NV 89703

**Mail Tax Statements To:**

Robin Kiely  
491 Alpine View Court  
Carson City, NV 89705

**QUITCLAIM DEED**

THIS INDENTURE WITNESSETH THAT, on this 25<sup>th</sup> day of August, 2017, Grantor, CRAIG L. AMES, Successor Trustee of the ROBERT FRENCH KIELY TRUST, for good consideration and for the sum of Ten and No/100 Dollars (\$10.00), the receipt of which is hereby acknowledged, does hereby remise, release and forever quitclaim to the Grantee, ROBIN KIELY, as an unmarried person, whose address is 491 Alpine View Court, Carson City, Nevada 89705, all the right, title, interest and claim which the Grantor has in and to that real property situated in Carson City, State of Nevada, and the improvements and appurtenances thereto, bounded and described as follows:


Lot 10, of ALPINE VIEW ESTATES, NO. 1, as shown on the Official Map recorded in the Office of the County Recorder on June 16, 1972 in Book 101, Page 731, as Document No. 60036.

Pursuant to NRS 111.312(6) this legal description was previously recorded with the Douglas County Recorder's Office on June 30, 2000, as Document No. 0495027 in Book No. 0600 at Page No. 6189.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

GRANTOR:

ROBERT FRENCH KIELY TRUST

By:   
CRAIG L. AMES, Successor Trustee

STATE OF FLORIDA     )  
  : ss.  
COUNTY OF Duval     )

On August 25, 2017, before me, a notary public, CRAIG L. AMES, as Successor Trustee of the ROBERT FRENCH KIELY TRUST, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the foregoing instrument.

  
NOTARY PUBLIC



**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a. ~~45-102-11~~
- b. 1419-14-001-014
- 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 RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: <u>Trust Verified - J</u>	

- 3.a. Total Value/Sales Price of Property \$ 0.00
- b. Deed in Lieu of Foreclosure Only (value of property ( 0.00 ))
- c. Transfer Tax Value: \$ 0.00
- d. Real Property Transfer Tax Due \$ 0.00

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 7
- b. Explain Reason for Exemption: The property was transferred out of the trust by the trustee and to the beneficiary. Certification of Trust attached. Without consideration.

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: Grantee/Trust Beneficiary

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

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

Print Name: Craig Linn Ames

Address: 10752 Deerwood Park Blvd. S.

City: Jacksonville

State: Florida Zip: 32256

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

Print Name: Robin Kiely

Address: 491 Alpine View Court

City: Carson City

State: Nevada Zip: 89705

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

Print Name: Stephen P. Holmgren

Address: 245 Riverside Ave., Suite 450

City: Jacksonville

Escrow # N/A

State: FL Zip: 32202