

**APN: 1420-34-310-008**

RECORDING REQUESTED BY:

Christopher D. Chaves & Joan T. Chaves  
 2676 Kayne Ave.  
 Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Christopher D. Chaves & Joan T. Chaves, Trustees  
 2676 Kayne Ave.  
 Minden, NV 89423



KAREN ELLISON, RECORDER

E07

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**QUIT CLAIM DEED**

**THIS QUITCLAIM DEED**, executed this 31<sup>st</sup> day of OCTOBER, 2017, by first party, Grantors, CHRISTOPHER D. CHAVES and JOAN T. CHAVES, husband and wife as joint tenants with right of survivorship, whose post office address is 2676 Kayne Avenue, Minden, NV 89423, to second party, Grantees, CHRISTOPHER D. CHAVES and JOAN T. CHAVES Trustees of THE CHAVES FAMILY TRUST, Dated October 31, 2017, whose post office address is 2676 Kayne Avenue, Minden, NV 89423.

**WITNESSETH**, that the said first party, for good consideration and for the sum of Ten Dollars (\$10.00) 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:

Lot 8, in Block 1, of Re-Subdivision of portions of ARTEMISIA SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on April 23, 1962, as Document No. 19909, of Official Records.

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

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

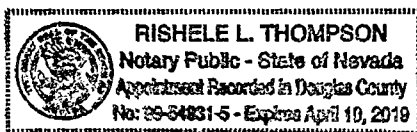
Christopher D. Chaves  
 Christopher D. Chaves

Joan T. Chaves  
 Joan T. Chaves

STATE OF NEVADA                                )  
   ) ss.  
 COUNTY OF DOUGLAS                        )

This instrument was acknowledged before me on the 31 day of October, 2017, by Christopher D. Chaves and Joan T. Chaves.

R. L. Thompson  
 Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1420-34-310-008  
 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 \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Trust OK BC</u>	

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: Transfer to Trust 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 Christopher Chaves Capacity \_\_\_\_\_ Grantor

Signature Joan Chaves Capacity \_\_\_\_\_ Grantor

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Christopher D. Chaves & Joan T. Chaves  
 Address: 2676 Kayne Ave  
 City: Minden  
 State: NV Zip: 89423

Print Name: Christopher D. Chaves & Joan T Chaves, TTEES  
 Address: 2676 Kayne Ave  
 City: Minden  
 State: NV Zip: 89423

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)