

APN: 1320-33-411-007

RECORDING REQUESTED BY:

Monica Schopke Hart, TTEE  
1316 Northampton Circle  
Gardnerville, NV 89410



KAREN ELLISON, RECORDER

E07

AFTER RECORDATION, RETURN BY MAIL TO:

John V. Lynch & Ronica R. Lynch  
P.O. Box 687  
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this 5 day of March, 2018, by first party, Grantor, MONICA SCHOPKE HART, Sole Co-Trustee of the RONALD R. SCHOPKE TRUST, dated September 7, 2001, whose post office address is 1316 Northampton Circle, Gardnerville, NV 89410, to second party, Grantees, JOHN V. LYNCH and RONICAR. LYNCH, husband and wife as joint tenants with right of survivorship, , whose post office address is P.O. Box 687, Gardnerville, NV 89410.

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 7, in Block A, as set forth on the certain map of HRITAGE SQUARE TOWNHOUSES, filed for record in the office of the County Recorder of Douglas County, Nevada, on April 8, 1986, in Book 486 at Page 793, as Document No. 133158.

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.

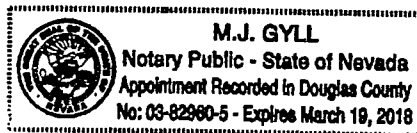
IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

*Monica Schopke Hart*  
Monica Schopke Hart, Trustee

STATE OF NEVADA )  
COUNTY OF DOUGLAS ) ss.

This instrument was acknowledged before me on the 5 day of March, 2018, by Monica Schopke Hart.

*M. J. Gyll*  
Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
  - a) 1320-33-411-007
  - 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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Trust OR PL</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 from 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 Monica Schopke Hart Capacity \_\_\_\_\_ Grantor

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

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

Print Name: Monica Schopke Hart, TTEE  
 Address: 1316 Northampton Cir  
 City: Gardnerville  
 State: NV Zip: 89410

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

Print Name: John V. Lynch & <sup>Ronica</sup> ~~Ronica~~ R. Lynch  
 Address: P.O. Nox 687  
 City: Gardnerville  
 State: NV Zip: 89410

**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)