DOUGLAS COUNTY, NV

Rec:\$35.00 Total:\$35.00

2018-917247 07/26/2018 01:45 PM

SANDRA CHURCHILL

Pgs=4

APN: 1420-27-701-016

RECORDING REQUESTED BY:

June Ellingson & Ramona Ellingson 1530 W. High Pointe Ct. Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO.

Sandra Joy Churchill & Ramona Kay Ellingson 14600 Skyline Blvd. Oakland, CA 94619



KAREN ELLISON, RECORDER

E07

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this Zagaday of July , 2018, by first party, Grantors, JUNE ELLINGSON, an unmarried woman, and RAMONA ELLINGSON, an unmarried woman, as joint tenants with right of survivorship, whose post office address is 1530 W. High Pointe Court, Minden, NV 89423, to second party, Grantees, SANDRA JOY CHURCHILL and RAMONA KAY ELLINGSON, Trustees of THE ELLINGSON FAMILY TRUST, Dated July 20, 2018, whose post office address is 14600 Skyline Boulevard, Oakland, CA 94619.

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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 ene Ele

STATE OF NEVADA

COUNTY OF DOUGLAS

ne Ellingson

This instrument was acknowledged before me on the 23 day of Uhh , 2018, by June Ellingson. Only

)) ss.

Ramona Ellingson

Notary Public



CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| STATE OF CALIFORNIA } | | |
|---|--|--|
| COUNTY OF ALAMEDA } | | |
| On <u>JULY 25, 2018</u> before me, <u>A</u> | Notary Insert Name and Title of the officer | |
| Public, personally appeared RAMONA EUNGSON | | |
| | | |
| Name(s) of Signer(s) | | |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. | | |
| I certify under PENALTY OF PERJURY under the laws | of the State of California that the foregoing paragraph | |
| is true and correct. | GUADALUPE B. VALDEPENAS Commission # 2139238 | |
| Signature: Vermony B. Wayrin | Notary Public - California Alameda County My Comm. Expires Feb 3, 2020 | |
| OP1 | 1-// | |
| Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document. | | |
| Description of Attached Document Title or Type of Document: Number of Pages: Signer(s) Other Than | DEED | |
| Capacity(ies) Claimed by Signer(s) | | |
| | Signers Name: | |
| Signers Name: Corporate Officer – Title(s) | Signers Name: ☐ Corporate Officer – Title(s) | |
| ☐ Partner - ☐ Limited ☐ General | ☐ Partner - ☐ Limited ☐ General | |
| ☐ Individual ☐ Attorney in Fact | ☐ Individual ☐ Attorney in Fact | |
| ☐ Trustee ☐ Guardian or Conservator | ☐ Trustee ☐ Guardian or Conservator | |
| Other: Signer is Representing: | Other:Signer is Representing: | |
| | 0 | |

EXHIBIT "A"

ALL THE FOLLOWING REAL PROPERTY SITUATED IN THE CITY OF MINDEN, COUNTY OF DOUGLAS, STATE OF NEVADA AND DESCRIBED AS FOLLOWS:

ALL THAT CERTAIN PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCHIBED AS FOLLOWS:

PARCEL 4D-1A, AS SET FORTH ON THAT CERTAIN PARCEL MAP LDA #99-006 FOR RAYMOND K. SMITH TRUST, A DIVISION OF REVISED PARCEL 4D-1 PER RECORD OF SURVEY SUPPORTING A BOUNDARY LINE ADJUSTMENT RECORDED AS DOCUMENT NO. 458377, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY STATE OF NEVADA ON JULY 28, 1999, AS DOCUMENT NO. 473281. PROPERTY IS KNOWN AS 1530 WEST HIGH POINTE COURT, MINDEN, NEVADA 89423.

Per NRS 111.312, this legal description was previously recorded as Document No. 2016-879912 on April 26, 2016, in the office of the Recorder of Douglas County, Nevada.

APN: 1420-27-701-016.



| DECLARATION OF VALUE 1. Assessor Parcel Number(s) | |
|---|---|
| a) 1420-27-701-016 | |
| b) | |
| c) | \ \ |
| d) | \ \ |
| / | \ \ |
| 2. Type of Property: | . \ \ |
| a) Vacant Land b) Single Fam. Res. | _ \ \ |
| | RDERS OPTIONAL USE ONLY |
| e) Ant Bldg fi Comm'l/Ind'l BOOK | PAGE |
| / DATE OF REC | ORDING: |
| NOTES: | ist it is the |
| i) U Other | ust venified be |
| 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. <u>If Exemption Claimed:</u> | / / |
| a. Transfer Tax Exemption per NRS 375.090, Section #_7 | / / |
| b. Explain Reason for Exemption: Tansfer to Trust without consi | deration |
| | |
| | |
| 5. Partial Interest: Percentage being transferred:% | |
| | |
| The undersigned declares and acknowledges, under penalty of perjury, | |
| 375.110, that the information provided is correct to the best of their info | |
| supported by documentation if called upon to substantiate the informati | |
| parties agree that disallowance of any claimed exemption, or other deter | rmination 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 li | able for any additional amount awad |
| Tursuant to 148.5 575.050, the buyer and series shan be jointly and severany in | able for any additional amount owed. |
| | |
| Signature Ellingson Capacity | Grantor |
| * | ····· |
| Signature Ramona Ellingson Capacity Capacity | Grantor Grantor |
| Signature Ramona Elling Son Capacity | Grantor |
| Signature Ramona Flung Sen Capacity SELLER (GRANTOR) INFORMATION BUYER (| Grantor GRANTEE) INFORMATION |
| Signature Ramona Illung Leon Capacity SELLER (GRANTOR) INFORMATION BUYER (CREQUIRED) | Grantor GRANTEE) INFORMATION EQUIRED) |
| Signature Ramona Fluggery Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Print Name: Sandra | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| Signature Ramona Illua Lon Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Address: 1530 W. High Pointe Ct. Capacity Capacity Print Name: Sandra Address: 14600 Sk | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Address: 1530 W. High Pointe Ct. City: Minden Capacity Capacity Print Name: Surface Address: 14600 Sk City: Oakland | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| Signature Ramona Illua Lon Capacity SELLER (GRANTOR) INFORMATION BUYER (GRANTOR) (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Print Name: Sandra Address: 14600 Sk | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Address: 1530 W. High Pointe Ct. City: Minden State: NV Zip: 89423 Capacity Capacity Capacity Capacity City: Capacity Capacity City: Capacity Capacity City: Capacity City: Oakland State: CA | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| Signature Flux Long Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Address: 1530 W. High Pointe Ct. City: Minden State: NV Zip: 89423 COMPANY/PERSON REQUESTING RECORDING | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| Signature Ramona Flungson Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Address: 1530 W. High Pointe Ct. City: Minden State: NV Zip: 89423 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| Signature Ramona Flung Long Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Address: 1530 W. High Pointe Ct. City: Minden State: NV Zip: 89423 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |
| Signature Ramona Flungson Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: June Ellingson & Ramona Ellingson Address: 1530 W. High Pointe Ct. City: Minden State: NV Zip: 89423 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) | Grantor GRANTEE) INFORMATION EQUIRED) Joy Churchill & Ramona Kay Ellingson,TTE |