



KAREN ELLISON, RECORDER E03

APN# 1022-09-001-081

Recording Requested by/Mail to:

Name: SHARON E. FERRIS

Address: 3755 BALKMAN LN, WELINGTON, NV 89444

City/State/Zip: WELINGTON, NV 89444

Mail Tax Statements to:

Name: Same

Address: _____

City/State/Zip: _____

deed

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

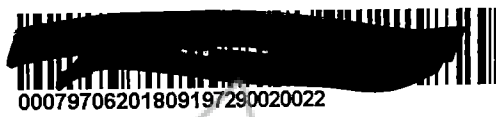
Printed Name

This document is being (re-)recorded to correct document # 919720, and is correcting

Change of Title

The undersigned affirms that this document
Submitted for recording does not contain a
Social Security number.

APN 1022-09-001-081
WHEN RECORDED MAIL TO:
Sharon Ferris
3755 Ballman Way
Wellington, NV 89444



KAREN ELLISON, RECORDER E07

QUITCLAIM DEED

THIS INDENTURE WITNESSETH: That SHARON FERRIS, for valuable consideration, the receipt of which is hereby acknowledged, does hereby remise, release and forever quitclaim to SHARON FERRIS, Trustee of the SHARON FERRIS FAMILY TRUST dated September 17, 2018, all right, title and interest in that property located in Carson City, Nevada, commonly known as 3755 Ballman Way, Wellington, Nevada 89444, more particularly described as:

Lot 75, as shown on the Map of Topaz Ranch Estates Unit No. 3, filed in the Office of the County Recorder of Douglas County, Nevada, on March 31, 1969, 1981 Fleetwood Stoneridge Manufacturer's Serial #: CAFL2ABBB06172774 which is affixed and attached to the land and is part of the real property.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

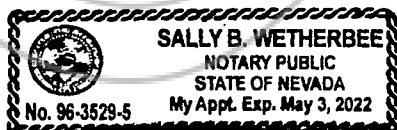
DATED: September 17, 2018.

Sharon Ferris
Sharon Ferris

STATE OF NEVADA)
)ss.
CARSON CITY)

On September 17, 2018, personally appeared before me, Sharon Ferris, proved to me to be the person(s) described and who executed the within and foregoing instrument and acknowledged to me that she duly executed the above instrument.

Sally B. Wetherbee NOTARY PUBLIC



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1022-0701-081
 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: _____	

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 # 3
 b. Explain Reason for Exemption: Re-record Doc # 919729 to
correct the order of recording.

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 Sharon E Ferris Capacity Grantor
 Signature [Signature] Capacity [Signature]

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: SHARON E FERRIS
 Address: 3755 BARKMAN WAY
 City: WELKINGTON
 State: NV Zip: 89444

Print Name: Ferris
 Address: Same
 City: _____
 State: _____ Zip: _____

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)