

APN # 1022-18-002-030  
RECORDING REQUESTED  
AND RETURN TO:  
JOEL T. & PATRICIA J. PARKER, Trustees  
1569 ALBA VISTA  
GARDNERVILLE, NV, 89410



KAREN ELLISON, RECORDER E07

MAILTAX STATEMENTS TO:  
JOEL T. & PATRICIA J. PARKER, Trustees  
1569 ALBA VISTA  
GARDNERVILLE, NV 89410

**QUITCLAIM DEED**

JOEL T. PARKER and PATRICIA J. PARKER, husband and wife, as joint tenants with right of survivorship, hereby quitclaims to JOEL T. PARKER and PATIRICA J. PARKER, trustee(s) or successor trustee(s) of the PARKER LIVING TRUST DATED MARCH 10, 2011, the following described real estate in Douglas County, State of Nevada:

Lot 6, in Block C, of Holbrook Highlands, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 22, 1978, in Book 378, Page 1422, as document No. 18825.

TOGETHER with all the tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues and profits thereof.

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties or by said County Assessor in which the property resides. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Dated: AUGUST 15, 2018

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

*Joel T. Parker*  
\_\_\_\_\_  
JOEL T. PARKER

*Patricia J. Parker*  
\_\_\_\_\_  
PATRICIA J. PARKER

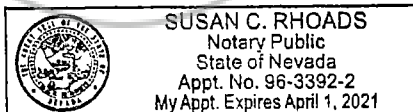
STATE OF NEVADA

COUNTY OF WASHOE

)  
) SS:  
)

**ACKNOWLEDGEMENT**

Personally came before me this AUGUST 15, 2018, the above named JOEL T. PARKER and PATRICIA J. PARKER, to me known to be the persons who executed the foregoing instrument and acknowledge the same.



*Susan C. Rhoads*  
\_\_\_\_\_  
Susan C. Rhoads, Notary Public  
Washoe County, Nevada  
My Commission Expires 04/01/2021

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
a) 1022-18-002-030

2. Type of Property:

- a)  Vacant Land
- b)  Condo/Twnhse
- c)  Apt. Bldg.
- d)  Agricultural
- e)  other
- f)
- g)
- h)
- i)
- j)

Single Fam. Res.  
2-4 Plex  
Comm'l/Ind'l  
Mobile Home

FOR RECORDERS OPTIONAL USE ONLY	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING _____	
NOTES: <u>Verified Trust - J</u>	

3. Total Value/Sales Price of Property: \$0  
 Deed in Lieu of foreclosure Only (value of property) \$0  
 Transfer Tax Value: \$0  
 Real Property Transfer Tax Due: \$0

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 7
- b. Explain Reason for Exemption: Transfer to a revocable living trust without consideration.
- c. Joel T. & Patricia J. Parker are the creators and trustors of the Parker Living Trust dated 3/10/2011.

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 disallowance of any claimed exemption, or other determination of additional taxes 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: Joel T. Parker Capacity: Trustee

Signature: Patricia J. Parker Capacity: Trustee

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Joel T. & Patricia J. Parker  
 Address: 1569 Alba Vista  
 City: Gardnerville  
 State: NV Zip: 89410

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Joel T. & Patricia J. Parker  
 Address: 1569 Alba Vista  
 City: Gardnerville  
 State: NV Zip: 89410

Trustees of the Parker Living Trust  
 DTD 3/10/2011

**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)