

**APN: 1319-03-414-014**

**RECORDING REQUESTED BY:**

Neal A. Gruber  
 P.O. Box 62  
 Genoa, NV 89411

AFTER RECORDATION, RETURN BY MAIL TO:

Neal A. Gruber  
 P.O. Box 62  
 Genoa, NV 89411



00082172201809218020020022  
 KAREN ELLISON, RECORDER

E04

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**QUIT CLAIM DEED**

**THIS QUITCLAIM DEED**, executed this 5<sup>th</sup> day of November, 2018, by first party, Grantor, TRACY A. GRUBER, an unmarried woman, whose post office address is P.O. Box 62, Genoa, NV 89411, to second party, Grantee, NEAL A. GRUBER, an unmarried man, whose post office address is P.O. Box 62, Genoa, NV 89411.

**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 13, in Block D, as set forth on the final map for HIGH MEADOWS UNIT NO. 2, GENOA LAKES PHASE 4, a Planned Unit Development, recorded June 24, 2002 in book 0602 of Official Records at Page 7600, Douglas County, Nevada as Document No. 545421.

Per NRS 111.312, this legal description was previously recorded as Document No. 0626880, Book 1004, Page 06689, on October 15, 2004.

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.

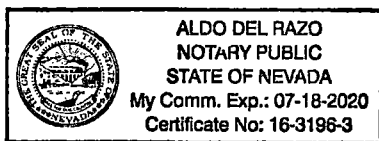
**IN WITNESS WHEREOF**, the said first party has signed and sealed these presents the day and year first above written.

Tracy A. Gruber

STATE OF NEVADA      )  
 COUNTY OF CARSON CITY      ) ss.  
 COUNTY OF DOUGLAS      )

This instrument was acknowledged before me on the 5 day of November, 2018, by Tracy A. Gruber.

Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1319-03-414-014  
 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 # 4  
 b. Explain Reason for Exemption: transfer of title without consideration from one joint tenant to remaining joint tenant

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 Tracy A. Gruber Capacity \_\_\_\_\_ Grantor  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Tracy A. Gruber  
 Address: P.O. Box 62  
 City: Genoa  
 State: NV Zip: 89411

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Neal A. Gruber  
 Address: P.O. Box 62  
 City: Genoa  
 State: NV Zip: 89411

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)