

APN: 1320-29-114-009

RECORDING REQUESTED BY

Geoffrey R Bowles  
994 Lilac Ct  
Minden, NV 89423

*MAIL TAXES TO SAME*  
AFTER RECORDATION, RETURN BY MAIL TO

Geoffrey R Bowles, Trustee  
994 Lilac Ct  
Minden, NV 89423



KAREN ELLISON, RECORDER

E07

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

**THIS QUITCLAIM DEED**, executed this 11 day of FEB 2019, 2019, by first party, Grantor, GEOFFREY R BOWLES, an unmarried man, whose post office address is 994 Lilac Court, Minden, NV 89423, to second party, Grantee, GEOFFREY R BOWLES, Trustee of the GEOFFREY R BOWLES LIVING TRUST Dated February 18, 2016, whose post office address is 994 Lilac Court, Minden, NV 89423

**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 227 as set forth on the Official Plat of WINHAVEN UNIT NO 3, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 18, 1992, as Document No 295672

**Per NRS 111 312, this legal description was previously recorded at Document No 2017-905509 on (10/12/2017)**

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

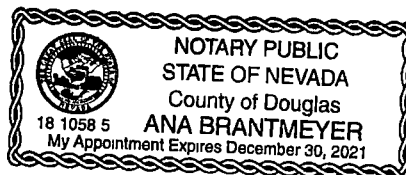
**IN WITNESS WHEREOF**, the said first party has signed and sealed these presents the day and year first above written

*Geoffrey R Bowles*  
\_\_\_\_\_  
Geoffrey R Bowles

STATE OF NEVADA            )  
                                          ) ss  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the 11<sup>th</sup> day of February, 2019, by Geoffrey R Bowles

*Notary Public*  
\_\_\_\_\_  
Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

1 Assessor Parcel Number(s)  
a) 1320-29-114-009  
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 TRUST OK BL

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 to 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 lable for any additional amount owed

Signature *Geoffrey R Bowles* Capacity \_\_\_\_\_ Grantor

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

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

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

Print Name Geoffrey R Bowles  
Address 994 Lilac Ct  
City Minden  
State NV Zip 89423

Print Name Geoffrey R Bowles, Trustee  
Address 994 Lilac Ct  
City Minden  
State NV Zip 89423

**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)