



KAREN ELLISON, RECORDER

APN: 1022-00-002-016

RECORDING REQUESTED BY:

Kellie L. Fleming  
P.O. Box 296  
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Kellie L. Fleming  
P.O. Box 296  
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this 12 day of Feb, 2019, by first party, Grantor, KELLIE L. FLEMING, a single woman, whose post office address is P.O. Box 296, Wellington, NV 89444, to second party, Grantees, KELLIE L. FLEMING, a single woman, and JAMES BLACKROCK, a single man, as joint tenants with right of survivorship, whose post office address is P.O. Box 295, Wellington, NV 89444.

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.

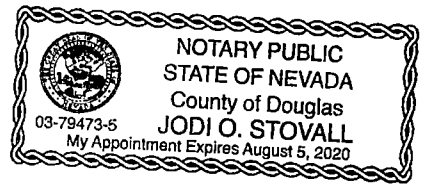
IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Kellie L. Fleming

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

This instrument was acknowledged before me on the 12 day of FEBRUARY, 2019, by Kellie L. Fleming.

Notary Public



**EXHIBIT "A"**

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

**PARCEL 1:**

Parcel 1 as shown on the Map of Division into Large Parcels LDA D4-D40 for the Inter-Vivos Revocable Trust of Timothy W. Pemberton, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on October 20, 2004, in Book 1004, Page 8412, Document No. 627209, Official Records, Douglas County, Nevada.

**PARCEL 2:**

TOGETHER WITH an easement for roadway and utility purposes as set forth in Documents recorded August 30, 1994 in Book 894, Page 5124, Document No. 345015, and February 16, 2005 in Book 2005, Page 6037, Document No. 636893, Official Records, Douglas County, Nevada.

Per NRS 111.312, this legal description was previously recorded at Document No. 2017-898371, on May 10, 2017.

Assessor's Parcel Number: 1220-03-211-002

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1022-00-002-016  
 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: \$ 84,500  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_  
 Transfer Tax Value: \$ 84,500  
 Real Property Transfer Tax Due: \$ 329.55

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

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 [Signature] Capacity Grantor

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

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Kellie L. Fleming  
 Address: P.O. Box 296  
 City: Wellington  
 State: NV Zip: 89444

Print Name: Kellie L. Fleming & James Blackrock  
 Address: P.O. Box 296  
 City: Wellington  
 State: NV Zip: 89444

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)