

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER PER NRS 239B 030
APN. 1420-07-614-008



KAREN ELLISON, RECORDER

E07

Recording Requested by
Grantors, JOSIE TIMMERMANS & ALAN DARLEY

When Recorded Mail Document and tax statements to
TIMMERMANS-DARLEY FAMILY TRUST
3534 Smoketree Avenue
Carson City, NV 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

JOSEE TIMMERMANS (aka JOSIE TIMMERMANS) and ALAN DARLEY, without consideration, do hereby remise, release and forever quitclaim all right, title and interest to the TIMMERMANS-DARLEY FAMILY TRUST, JOSIE TIMMERMANS and ALAN DARLEY, as Trustees, the following described real property situated in Douglas County, State of Nevada, bounded and described as

Lot three (3) in Block A, of the final map of Sunridge Heights Phase II, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 30, 1993 as Document No 311338

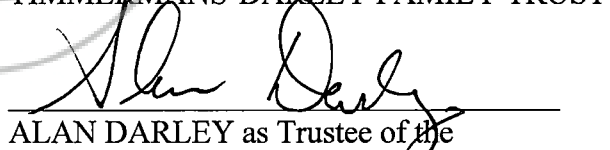
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining

WITNESS my hand this 20th day of February, 2019


JOSEE TIMMERMANS as Grantor


JOSIE TIMMERMANS as Trustee of the
TIMMERMANS-DARLEY FAMILY TRUST


ALAN DARLEY as Grantor


ALAN DARLEY as Trustee of the
TIMMERMANS-DARLEY FAMILY TRUST

-A LOOSE CERTIFICATE ATTACHED-

STATE OF NEVADA)
CARSON CITY)

On this 20th day of February, 2019 before me, a Notary Public, personally appeared JOSEE TIMMERMANS and ALAN DARLEY personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument

WITNESS my hand and official seal

Collette Teuscher
Notary Public



THIS ACKNOWLEDGMENT IS ATTACHED TO A QUIT CLAIM DEED
DATED February 20, 2019

STATE OF NEVADA
DECLARATION OF VALUE

- 1 Assessors Parcel Number(s)
 a) 1420-07-614-008
 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 | |
|---------------------------------|---------------------------|
| DOCUMENT/INSTRUMENT # | _____ |
| BOOK | PAGE _____ |
| DATE OF RECORDING | <u>3/21/19</u> |
| NOTES | <u>Verified Grants AS</u> |

3 Total Value/Sales Price of Property \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value \$ _____
 Real Property Transfer Tax Due \$ 0 00

- 4 If Exemption Claimed
 a Transfer Tax Exemption per NRS 375 090, Section # 7
 b Explain Reason for Exemption A transfer of title to or from a trust without consideration if a Certificate of trust is presented at the time of transfer

5 Partial Interest Percentage being transferred 100 %

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-trustee
 Signature [Signature] Capacity grantor-trustee

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name Josee Timmermans & Alan Darley
 Address 3534 Smoketree Avenue
 City Carson City
 State NV Zip 89705

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name Josie Timmermans & Alan Darley-Trstees
 Address 3534 Smoketree Avenue
 City Carson City
 State NV Zip 89705

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name A+ Documents, Inc Escrow # _____
 Address 411 W Fourth Street, Suite 1
 City Carson City State NV Zip 89703