



KAREN ELLISON, RECORDER E05

APN# 1022-08-002-010

Recording Requested by/Mail to:

Name: RITA M. KING

Address: 3585 SLATE RD

City/State/Zip: WELINGTON, NV  
89444

Mail Tax Statements to:

Name: SAME

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Deed

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Document Was Prepared by:

RITA M KING

This Space Reserved for Recording Purposes

NOTE: CHECK YOUR STATE & COUNTY-SPECIFIC REQUIREMENTS FOR RECORDING LEGAL DOCUMENTS

After Recording Please Return to:

RITA M KING  
3585 SLATE RD

WELLINGTON NV 89444  
**QUITCLAIM DEED**

QUITCLAIM DEED, made this 28 day of JAN, 2019

of LAURA JO KING  
of "WASHOE" NV

County ("grantor"), for and in consideration of the sum of

0 DOLLARS (\$ 0), the receipt and sufficiency of which is hereby acknowledged and received,

and for other good and valuable consideration received, does hereby remise, release and quitclaim unto

RITA M. KING ("grantee"), whose mailing address is 3585 SLATE RD, WELLINGTON NV 89444 his/her

heirs and assigns, the following described premises, County of DOUGLAS, State of

NV, described as follows (enter legal description):

LOT 35 BLK R TRE UNIT 4 #50212

Also known as street and number 3585 SLATE RD WELLINGTON, NV

Tax Parcel ID# 1022-08-002-010

IN WITNESS WHEREOF, the grantor has executed this deed on the date set forth above.

[Signature]  
Grantor  
LAURA JO KING

\_\_\_\_\_  
Grantor

Witness (if required)

Witness (if required)

STATE OF Nevada )

COUNTY OF Washoe ss:

The foregoing instrument was acknowledged before me, Eric Christle, a notary public in and for the state of NEVADA by

Laura Jo King  
on the 28<sup>th</sup> day of January, 2019.

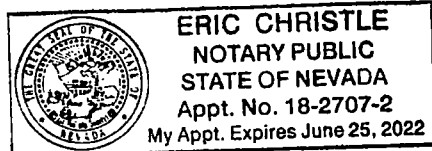
Witness my hand and official seal

[Signature]

NOTARY PUBLIC

My commission expires June 25<sup>th</sup> 2022

[NOTARY SEAL]



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1022-08-662-610  
 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 # 5  
 b. Explain Reason for Exemption: from daughter's mother

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

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: LAWA JO KING  
 Address: 4602 Rio Record  
 City: RENO  
 State: NV Zip: 89502

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Print Name: RITA KING  
 Address: 3585 SLATE RD  
 City: WELLINGTON  
 State: NV Zip: 89444

**COMPANY/PERSON REQUESTING RECORDING**  
 (required if not the seller or buyer)  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_