

APN# 1022-10-001-011



Recording Requested by/Mail to:

KAREN ELLISON, RECORDER E04

Name: ROSEMARIE SUMNER

Address: P.O. Box 104

City/State/Zip: Wellington NV 89444

Mail Tax Statements to:

Name: ROSEMARIE SUMNER

Address: P.O. Box 104

City/State/Zip: Wellington NV 89444

QUICK CLAIM 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

1 APN# 1022-10-001-011

2 Recording Requested by/Mail to:

3 Reagan LeGare

4 P.O. Box 104

5 Wellington, NV 89444

6 QUITCLAIM

7 In consideration of \$10.00, United States Currency, receipt of which is hereby acknowledged,

8 , REAGAN LEGARE, a married woman, Grantor, do hereby quitclaim to ROSE MARIE SUMNER, a

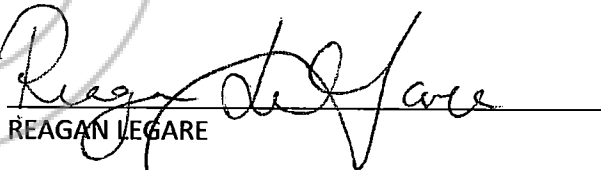
9 widow, Grantee, any and all of my interest in the real property at 3805 Marble Court,

10 Wellington, in the County of Douglas, State of Nevada, 89444, described as follows:

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12 Lot 68 as shown on the official map of TOPAZ RANCH ESTATED UNIT NO. 2, filed on
13 February 20, 1967 in Book 1 of Maps as Document No. 35464, Douglas County Records.

14
15 APN: 1022-10-001-011

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17 DATED this 15th day of August, 2019.

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21 REAGAN LEGARE

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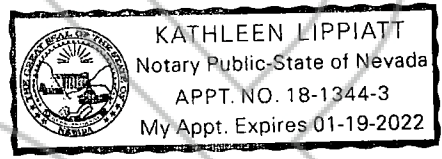
STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On the 15th day of AUGUST, 2019, personally appeared before me, a Notary Public,
REAGAN LEGARE, who acknowledged to me to be the person who executed the foregoing
instrument.

IN WITNESS WHEREOF, I hereunto set my hand and official seal in the County of Douglas,
State of Nevada, on the day and year first above written.

Kathleen Lippiatt

Notary Public



STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

1. Assessor Parcel Number (s)
 (a) 1022-10-001-011
 (b) _____
 (c) _____
 (d) _____

2. Type of Property:

a) <input type="checkbox"/> Vacant Land	b) <input checked="" type="checkbox"/> Single Fam Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg.	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> Other	

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

\$ 0

\$ 0

\$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 4

b. Explain Reason for Exemption: A 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 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: OWNER

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
 (REQUIRED)

Print Name: Rogan Legare

Address: 172 Shady Ln

City: Staterock

State: NV Zip: _____

BUYER (GRANTEE) INFORMATION
 (REQUIRED)

Print Name: Karen Marie Summer

Address: P.O. Box 104

City: Wellington

State: NV Zip: 89444

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____