

APN# 1220-21-610-039



KAREN ELLISON, RECORDER E07

Recording Requested by/Mail to:
Name: LAW OFFICE OF TORY D ALLEN
Address: 3715 LAKESIDE DRIVE STE. A
City/State/Zip: RENO, NV 89509

Mail Tax Statements to:
Name: THE MONCHAMP REVOCABLE FAMILY TRUST-2019
Address: 1440 ORCHARD Road
City/State/Zip: GARDNERVILLE, NV 89410

QUITCLAIM 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

ADRIANA MIRANDA

Printed Name

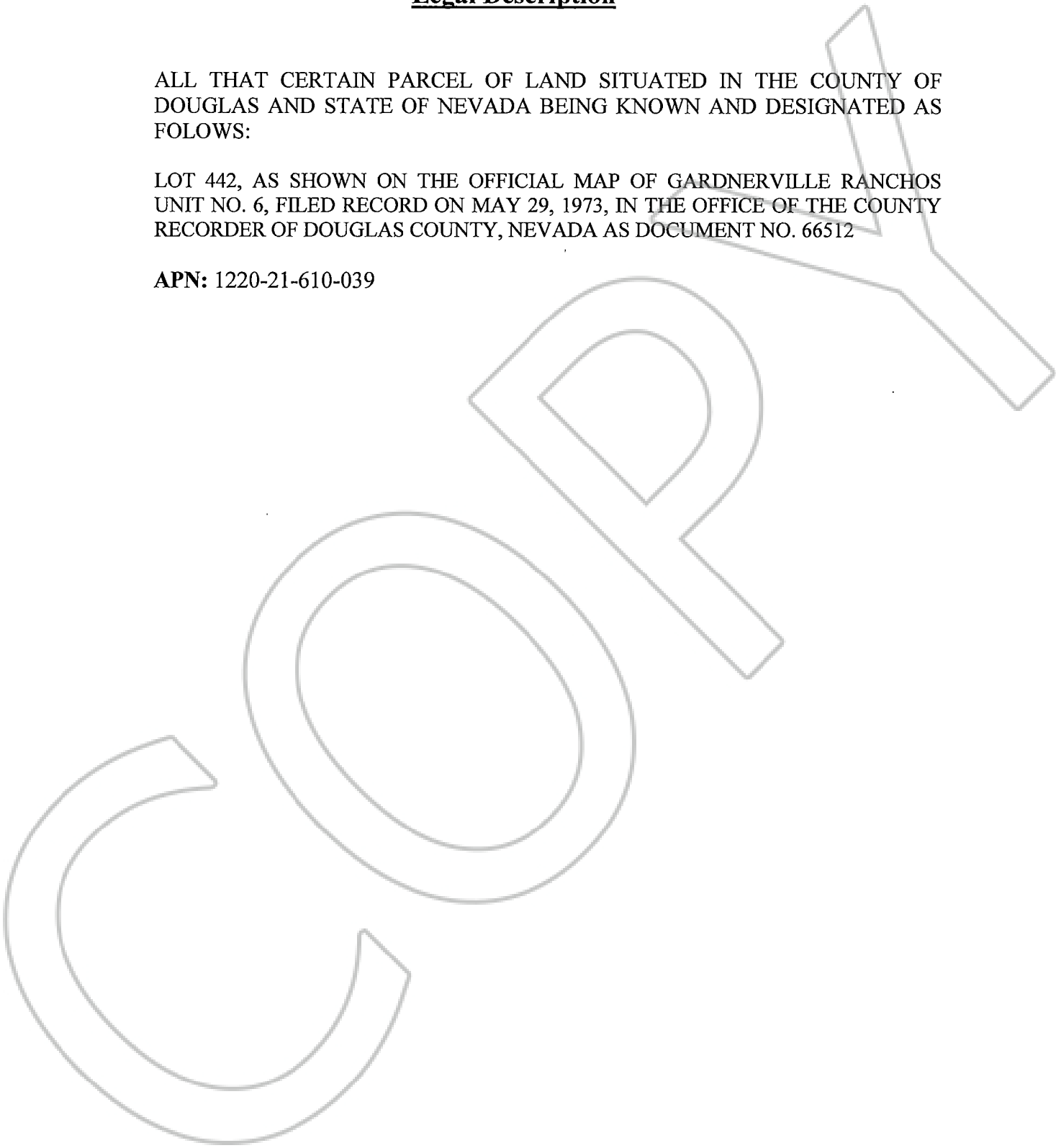
This document is being (re-)recorded to correct document # _____, and is correcting

EXHIBIT A
Legal Description

ALL THAT CERTAIN PARCEL OF LAND SITUATED IN THE COUNTY OF DOUGLAS AND STATE OF NEVADA BEING KNOWN AND DESIGNATED AS FOLLOWS:

LOT 442, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED RECORD ON MAY 29, 1973, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 66512

APN: 1220-21-610-039



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1220-21-610-039
 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: <u>Trust OK.</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: Transfer to or from a trust with no consideration if a certificate of trust is presented upon recordation.

5. Partial Interest: Percentage being transferred: 100.0 %

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 Administrative Assistant

Signature _____ Capacity _____

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

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

Print Name: Stephen D. and Judith A. Monchamp
 Address: 1440 Orchard Road
 City: Gardnerville
 State: NV Zip: 89410

Print Name: The Monchamp Revocable Family Trust-2019
 Address: 1440 Orchard Road
 City: Gardnerville
 State: NV Zip: 89410

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Tory D Allen, Esq. Escrow # _____
 Address: 3715 Lakeside Drive, Suite A
 City: Reno State: NV Zip: 89509

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)