

APN: 1320-29-117-039

AFTER RECORDING RETURN TO:

Radian Settlement Services, Inc.
1000 GSK Drive, Suite 210
Coraopolis, PA 15108
File No. 1280128606

MAIL TAX STATEMENTS TO:

Ambrosina E. Kneeland
1092 Daphne Court
Minden, NV 89423

QUITCLAIM DEED

THIS DEED made and entered into on this 5 day of June, 2020, by and between **AMBROSINA E. KNEELAND, AS SURVIVING TRUSTEE OF THE KNEELAND FAMILY AGREEMENT U/D/T 12/7/94**, a mailing address of 1092 DAPHNE COURT, MINDEN, NV 89423, hereinafter referred to as Grantor(s) and **AMBROSINA E. KNEELAND, A WIDOW**, a mailing address of 1092 DAPHNE COURT, MINDEN, NV 89423, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantor(s), for and in consideration of the sum of ONE and NO/100 (\$1.00) DOLLAR, the receipt of which is hereby acknowledged, does this day remise, release, quitclaim and convey to the said Grantee(s) the following described real estate located in Douglas County, Nevada:

LOT 175, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 10, 1994, IN BOOK 294 OF OFFICIAL RECORDS PAGE 1845, AS DOCUMENT NO. 329790.

Parcel Number Number: 1320-29-117-039

Also known as: 1092 DAPHNE COURT, MINDEN, NV 89423

Prior instrument reference: Doc. No. 0828788 Recorded: 08/13/2013

This conveyance is subject to easements, covenants, conditions, restrictions, reservations, and limitations of record, if any.

TO HAVE AND TO HOLD the lot or parcel above described together with all and singular the rights, privileges, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining unto the said Grantee(s) and unto the heirs, administrators, successors or assigns of the Grantee(s) forever in **FEE SIMPLE**.

Dated this 5 day of June, 2020.

Ambrosina E. Kneeland

AMBROSINA E. KNEELAND, AS SURVIVING TRUSTEE OF THE KNEELAND FAMILY AGREEMENT U/D/T 12/7/94

STATE OF Nevada
COUNTY OF Douglas

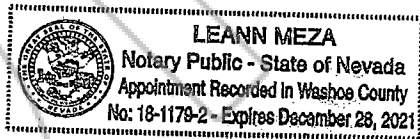
On June 5 2020, before me, the undersigned, a notary public in and for said State personally appeared AMBROSINA E. KNEELAND, AS SURVIVING TRUSTEE OF THE KNEELAND FAMILY AGREEMENT U/D/T 12/7/94 personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon belief of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Leann Meza
NOTARY PUBLIC SIGNATURE

Leann Meza
Printed Name of Notary Public

My commission expires: 12-28-2021



No title exam performed by the preparer. Legal description and party's names provided by the party.

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a. 1320-29-117-039
 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
 Other

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: Trust OK BC	

- 3.a. Total Value/Sales Price of Property \$ 0.00
 b. Deed in Lieu of Foreclosure Only (value of property (_____)
 c. Transfer Tax Value: \$ _____
 d. Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 7
 b. Explain Reason for Exemption: REMOVING FROM A TRUST WITHOUT CONSIDERATION

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: Ambrosia E. Kneeland Capacity: Grantor
 Signature: Travis E. Kneeland Capacity: Grantee

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Print Name: Surviving Trustee of the Kneeland Family Agreement
 Address: 1092 Daphne Court
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION
 (REQUIRED)
 Print Name: Ambrosia E. Kneeland
 Address: 1092 Daphne Court
 City: Minden
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: RADIAN Escrow # 1280128606-2
 Address: 1000 GSK DRIVE SUITE 210
 City: CORAOPOLIS State: PA Zip: 15108