

This Document Was Prepared by:
Patricia Kiger
PO Box 6472
Stateline, NV 89449



KAREN ELLISON, RECORDER E07

After Recording Please Return to:
Patricia Kiger Revocable Living Trust
PO Box 6472
Stateline, NV 89449

APN 1318-22-002-056

Reserved for Recording Purposes Only

NEVADA QUIT CLAIM DEED

This QUIT CLAIM DEED, made this 6th day of August, 2020, by
Patricia Kiger whose address is
PO Box 6472, Stateline, NV 89449 hereinafter called the "Grantor(s)", to
Patricia Kiger Revocable Living Trust, whose address is
PO Box 6472, Stateline, NV 89449 hereinafter called the "Grantee(s)";

Witnesseth: That the Grantor, for and in consideration of the sum of \$10
(\$ 10) and other valuable considerations, receipt whereof is hereby
acknowledged, hereby grants, bargains, sells, aliens, remises, releases, and quitclaims unto
the Grantee(s), all that certain land situated in Douglas County, Nevada, described as
follows (enter legal description of property):

All the real property situated in Douglas County, State of Nevada, more particularly
described as: Lot 12, in Block 2 as shown on the Official Map of Oliver Park, filed in the
Office of the County Recorder of Douglas County, Nevada on February 5, 1959, in Book 1
of Maps, as Document No. 14034, Douglas County, Nevada records.

Also known as street name and number: 160 Laura Drive, Stateline, NV 89449



Patricia Kiger
Grantor

Patricia Kiger

Printed Name

PO Box 6472, Stateline, NV 89449

Address (City, State, and ZIP)

530 307-1444

Phone Number

Patricia Kiger
Grantor

Patricia Kiger Revocable Living Trust

Printed Name

PO Box 6472, Stateline, NV 89449

Address (City, State, and ZIP)

530 307-1444

Phone Number

IN WITNESS THEREOF,

Witness

Printed Name

Address (City, State, and ZIP)

Phone Number

[Can be signed by either Witness or Notary Public – per NRS 111.115]

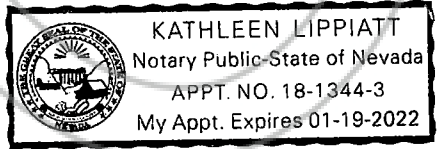
STATE OF NEVADA)

COUNTY OF Douglas) ss:

The foregoing instrument was acknowledged before me, Kathleen Lippiatt
notary public in and for the state of Nevada by Patricia Kiger on
the 6th day of August, 2020.

Kathleen Lippiatt
NOTARY PUBLIC

My commission expires 01-19-2022



[NOTARY SEAL]



STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1318-22-602-056
 - 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>Verified Trust</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: \$ _____

- 4. If Exemption Claimed:
 - a. Transfer Tax Exemption per NRS 375.090, Section # 7
 - b. Explain Reason for Exemption: transfer to trust without consideration

- 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 Patricia Kiger Capacity grantor

Signature _____ Capacity _____

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

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

Print Name: Patricia Kiger
 Address: PO Box 6472
 City: Stateline
 State: NV Zip: 89449

Print Name: Patricia Kiger Revocable Living Trust
 Address: PO Box 6472
 City: Stateline
 State: NV Zip: 89449

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

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