



KAREN ELLISON, RECORDER E07

APN: 1419-26-310-005  
Recording Requested by and  
When Recorded Mail To:

Jeffrey K. Rahbeck  
Post Office Box 217  
Genoa, Nevada 8941

Mail Tax Statements To:

CAROL I. SESSER  
Box 201  
Genoa, NV 89411

**QUITCLAIM DEED**

THIS INDENTURE, made this ~~20<sup>th</sup>~~ day of August 2020 by and between CAROL I SESSER, Grantor, and CAROL I. SESSER, JEFFERY R. TILLMAN and JOHN H. TILLMAN, Co-Trustees of The Sesser 1988 Decedent's Trust as to an undivided one-half (1/2) interest and CAROL I. SESSER, JEFFERY R. TILLMAN and JOHN H. TILLMAN Co-Trustees of The Sesser 1988 Survivor's Trust as to an undivided one-half (1/2) interest, Grantee, as follows:

**WITNESSETH:**

Grantor does hereby convey and quitclaim to Grantee that certain piece and parcel of real property described as follows:

LOT 4, BLOCK A, OF THE FINAL SUBDIVISION MAP, A PLANNED UNIT DEVELOPMENT, PD-0016/LDA 02-008 FOR CANYON CREEK MEADOWS, PHASE 1, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON FEBRUARY 11, 2004, IN BOOK 0204, AT PAGE 4470, AS DOCUMENT NO. 604356.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

IN WITNESS WHEREOF, Grantor has executed this conveyance the day and year first written above.

  
\_\_\_\_\_  
CAROL I SESSER

**ACKNOWLEDGEMENT**

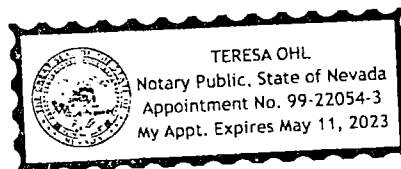
STATE OF Nevada )  
 ) ss.  
COUNTY OF Douglas )

On the 20 day of August, 2020 before me,  
Teresa OHL a Notary Public, personally appeared CAROL I  
SESSER, who 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 their/his/her  
authorized capacity(ies), and that by their/his/her signature(s) on the instrument  
the person(s), or the entity(ies) upon behalf of which the person(s) acted,  
executed the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my  
official seal in the County and State above-named, the day and year in this  
certificate first above written.



NOTARY PUBLIC



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1419-26-310-005  
 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 - J</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 a 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: [Signature] Capacity: Agent for Grantor

Signature: [Signature] Capacity: Agent for Grantee

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Carol I Sesser  
 Address: Box 201  
 City: Genoa  
 State: NV Zip: 89411

Print Name: Sesser 1988 Decedent's Trust & Survivor's Trust  
 Address: Box 201  
 City: Genoa  
 State: NV Zip: 89411

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Carol I Sesser Escrow # \_\_\_\_\_  
 Address: Box 201  
 City: Genoa State: NV Zip: 89411

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