DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00

ANDREA MAKEPA

2020-954172 10/09/2020 10:32 AM

10.3.2020

Notary Signature NOTARY CERTIFICATION Pgs=2

APN: 1220-21-710-029

RECORDING REQUESTED BY:

Andrea Marie Makepa, Trustee P.O. Box 996 Hanapepe, HI 96716

AFTER RECORDATION, RETURN BY MAIL TO:

Andrea Marie Makepa P.O. Box 996 Hanapepe, HI 96716



KAREN ELLISON, RECORDER

E07

SPACE ABOVE THIS LINE FOR RECORDER'S USE

OUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this 3 day of Octobee , 2020, by first party, Grantor, ANDREA MARIE MAKEPA, Successor Trustee of the REVOCABLE LIVING TRUST OF DONALD WALTER POLLARD dated January 8, 2019, whose post office address is P.O. Box 996, Hanapepe, HI 96716, to second party, Grantees, ANDREA MARIE MAKEPA, an unmarried woman, and LANCE MAURICE POLLARD, a married man as his sole and separate property, as joint tenants, whose post office address is 825 8th Street, Anson, TX. 79501.

WITNESSETH, that the said first party, for good consideration and for the sum of Ten Dollars (\$10.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Douglas, State of Nevada to wit:

Lot 539, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974 as Document No. 72456.

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above

written. Lindre marie makes Andrea Marie Makepa, Trustee STATE OF HAWAII COUNTY OF MYAI day of October, 2020, by Andrea Marie This instrument was acknowledged before me on the 3th Makepa. Notary Public Date: 10.3.2070 # Pages: Name Chyldan Wylght Callyo 6th Doc. Description: QUIT Claim

TATE OF NEVADA	
DECLARATION OF VALUE	
1. Assessor Parcel Number(s)	
a) 1220-21-710-029	
b)	^
c)	
/ 	
d)	
	\ \
2. Type of Property:	\ \
a) Vacant Land b) Single Fam. Re	S
	FOR RECORDERS OPTIONAL USE ONLY
	BOOK PAGE
e) Apt. Bldg f) Comm'l/lnd'l	DATE OF RECORDING:
g) Agricultural h) Mobile Home	NOTES: 1 60 0 To
8, 1 2	Wited Rust - 4
i) Other	
3. Total Value/Sales Price of Property:	\s\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Deed in Lieu of Foreclosure Only (value of property)	
Transfer Tax Value:	/ \\$ \
Real Property Transfer Tax Due:	\$
4. If Exemption Claimed:	
T 6 T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Section # 7
	om Trust without consideration
b. Explain Reason for Exemption: Transfer in	
The state of the s	%
5. Partial Interest: Percentage being transferred:	
	The second secon
The undersigned declares and acknowledges, under	penalty of perjury, pursuant to NRS 375.060 and NRS
275 110 that the information provided is correct to	the best of their information and belief, and can be
and the documentation if called upon to substa	intiate the information provided herein. Furthermore, the
supported by documentation if cancer upon to support	aption, or other determination of additional tax due, may
parties agree that disanowance of any claimed exem	of at 194 per month
result in a penalty of 10% of the tax due plus interes	st at 176 per monut.
10 H 1 Ph. in	inches and according liable for any additional amount owed.
Pursuant to NRS 375.030, the Buyer and Seller shall be jo	intly and severally liable for any additional amount owed.
1 m making	Canacity Grantor
Signature andrea m. Makepa	Capacity Grantor
Signature	Capacity
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: Andrea Marie Makepa, Trustee	Print Name: Andrea Marie Makepa & Lance Maurice Pollard
	Address: P.O. Box 996
Address: P.O. Box 996	City: Hanapepe
City: Hanapepe	
State: Hl Zip: 96716	State: HI Zip: 96716
A THE STATE OF THE	
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)
·	