DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2020-954626 10/16/2020 12:08 PM

CONNIE SUMMERS

Pgs=4

E05

APN# 1320-32-111-074	
Recording Requested by/Mail to:	0012066520200954626004004/ KAREN ELLISON, RECORDER
Name: Connie Summers	\ \
Address: 1762 Bella Casa DV	\ \
Name: <u>Connie Summers</u> Address: <u>17(e) Bella Casa</u> DV City/State/Zip: <u>Mindon, NV</u> 89423	_ \ \
Mail Tax Statements to:	
Name: <u>Same as above</u>	
Address:	
City/State/Zip:	
_ Quit Claim Deed	
Title of Document (required)	
(Only use if applicable)	\
The undersigned hereby affirms that the document submitte	ed for recording
DOES contain personal information as required by law: (che	eck 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	
Printed Name	
This document is being (re-)recorded to correct document #	and is correcting
<u> </u>	

Quit Claim Deed

Know All Men By These Presents That (Grantor(s)): Juanita Summers and James A. Summers, wife and husband

Whose Address is: 188 Pine Ridge Drive, Stateline, NV 89449

Quit Claims to (Grantee(s): Connie R. Summers, an unmarried woman

Whose Address is: 1762 Bella Casa Drive, Minden, NV 89423

The following described property situated in the Town of Minden, County of Douglas, and State of Nevada, to-wit:

Lots 11, 12, 13 and 14 in Block O of Town of Minden, according to the map thereof, filed in the Office of the County Recorder of Douglas County, State of Nevada, on July 2, 1906, as document No. 20840.

For the Consideration of \$0.00.

Dated this \ day of October, 2020

Grantor (Seller)

Printed Name: Juanita Summers

Grantor (Seller)

Printed Name: James A. Summers

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STATE OF

COUNTY OF 1

The foregoing instrument was acknowledged before me this $\boxed{10}$ day of October, 2020 by James A and luanuta Jummers (person being acknowledged).

My/Commission Expires: 8/30/2023

Notary Public

LISA SEIFERT NOTARY PUBLIC STATE OF NEVADA Commission Expires: 08-30-2023

Certificate No: 19-5360-03

This instrument was prepared by Connie R. Summers.

When Recorded return to: Connie R. Summers, 1762 Bella Casa Drive, Minden, NV 89423

Send Subsequent Tax Bills to: Connie R. Summers, 1762, Bella Casa Drive, Minden, NV 89423

Quit Claim Deed

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons (per NRS 239B.030).

Connie R. Summers, Grantee

STATE OF Nevidar COUNTY OF Douglas

The foregoing instrument was acknowledged before me this 10 day of October, 2020, by (1000) RS (person being acknowledged).

My Commission Expires:

Notary Public

LISA SEIFERT
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-30-2023
Certificate No: 19-5360-03

This page added to provide additional information required by NRS 111.312. Additional recording fee applies.

DECLARATION OF VALUE Document/Instrument#: ___ Book: _____ Page: __ 1. Assessor-Parcel Number (s) Date of Recording: _____ (a) 1320-32-111-0 Notes: (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 h) Mobile Home g) Agricultural I) Other X. 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: b. Explain Reason for Exemption: ParontS 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 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. Capacity Signature Capacity Signature SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION Print Name: Address: Address: 6 City: City: State: State: COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER) Print Name: Escrow # _____ Address: State: _____ Zip: ____ City:

FOR RECORDERS OPTIONAL USE ONLY

STATE OF NEVADA

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)