

APN: 1320-32-111-074

**When Recorded Return To:
& Send Tax Statements To:**

CONNIE RENEE SUMMERS
1762 BELLA CASA DRIVE
MINDEN, NV 89423



00122578202009563490030039

KAREN ELLISON, RECORDER

E07

QUITCLAIM DEED

THIS INDENTURE is made and entered into by CONNIE R. SUMMERS, hereinafter referred to as Grantor, and CONNIE RENEE SUMMERS, as the Trustee, who is also the Settlor, of the CONNIE RENEE SUMMERS TRUST, dated NOVEMBER 9, 2020 hereinafter referred to as Grantee.

WITNESSETH that the said Grantor, for good and valuable consideration, the receipt of which is hereby acknowledged, does by these presents hereby release and QUITCLAIM forever unto the said Grantee, and to her successors and assigns forever, all of the Grantor's right, title and interest in and to all that certain Real Property, which has a physical address of 1527 COUNTY ROAD, MINDEN, NV 89423 and which is more particularly described as follows:

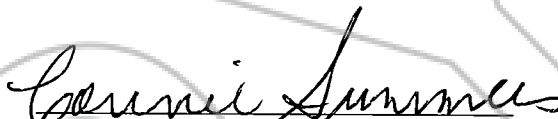
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

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.

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TOGETHER WITH all and singular tenements, hereditaments, and appurtenances thereunto belonging or in any way pertaining. The Grantor is executing this conveyance to evidence the Grantor's intent that the Real Property herein shall be the sole and separate property of the Grantee.

DATED this 9 day of NOVEMBER 2020.

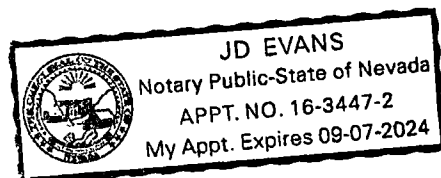

CONNIE R. SUMMERS
GRANTOR

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On this 9 day of NOVEMBER 2020, personally appeared before me, a Notary Public, CONNIE R. SUMMERS, who acknowledged to me that she executed this instrument freely and voluntarily and for the use and purposes herein mentioned.



NOTARY PUBLIC



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 1320-32-111-074
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

FOR RECORDERS OPTIONAL USE ONLY
Notes: <u>11/13/20</u> <u>revocable trust</u>

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 0
 Transfer Tax Value: \$ 0
 Real Property Transfer Tax Due: \$ 0

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 7
- b. Explain Reason for Exemption: _____
Transfer to a Revocable 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 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 Connie Summers Capacity Grantor
 Signature Connie Summers Capacity Grantee

SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION

(REQUIRED)	(REQUIRED)
Print Name: <u>Connie R. Summers</u>	Print Name: <u>Connie Renee Summers, Trustee</u>
Address: <u>1527 County Road</u>	Address: <u>of the Connie Renee Summers Trust</u>
City: <u>Minden</u>	Address: <u>1762 Bella Casa Drive</u>
State: <u>NV</u> Zip: <u>89423</u>	City: <u>Minden</u>
	State: <u>NV</u> Zip: <u>89423</u>

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
 Print Name: Samantha Amato, Esq. of Amato Law Escrow # _____
 Address: 5470 Kietzke Lane, Suite 300
 City: Reno State: NV Zip: 89511