



KAREN ELLISON, RECORDER E04

APN: 0923-17-000-021
RECORDING REQUESTED BY:

Michael H. Campbell
P.O. Box 267
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Michael H. Campbell
P.O. Box 267
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this 23 day of December, 2020, by first party, Grantor, SUSAN CHARLES CAMPBELL, a married woman, whose post office address is P.O. Box 267, Wellington, NV 89444, to second party, Grantee, MICHAEL H. CAMPBELL, a married man, whose post office address is P.O. Box 267, Wellington, NV 89444.

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:

All that certain rea; property situate in the County of Douglas, State of Nevada, described as follows:
The Southwest 1/4 of the Southwest 1/4 of Section 17, Township 9 North, Range 23 east, M.D.B.&M.
Per NRS 111.312, this legal description was previously recorded at Document No. 2018-909985 on 02/02/2018

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.

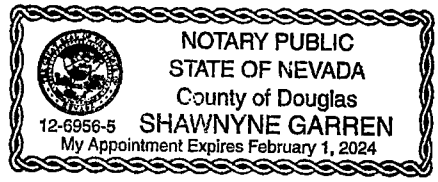
IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Susan Charles Campbell

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 23 day of December, 20 20, by Susan Charles Campbell.

Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) ~~ADK~~ 0923-17-000-021
 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>ST- Prior Doc # 909985</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 #4
 b. Explain Reason for Exemption: A transfer of title without consideration from one joint tenant to remaining joint tenant

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 *Susan Campbell* Capacity _____ Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Susan Charles Campbell
 Address: P.O. Box 10690
 City: Nuckee
 State: CA Zip: 96162

Print Name: Michael H. Campbell
 Address: P.O. Box 267
 City: Wellington
 State: NV Zip: 89444

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)