

APN# 1319-30-613-001

DOUGLAS COUNTY, NV **2021-962438**
RPTT:\$0.00 Rec:\$40.00
\$40.00 Pgs=3 **02/24/2021 09:49 AM**
FIRST AMERICAN TITLE MINDEN
KAREN ELLISON, RECORDER E03

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 Hwy 395, Ste.101

City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: Sandra Ann Breylinger

Address: PO BOX 4331

City/State/Zip: Stateline NV 89449

Quit Claim Deed

Title of Document (required)

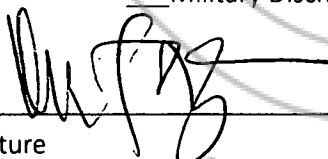
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check 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

Kim Figueroa

Printed Name

This document is being (re-)recorded to correct document # 0786017, and is correcting
NO legal was attached when recorded.

14-

DOC # 0786017
07/06/2011 02:41 PM Deputy: DW
OFFICIAL RECORD
Requested By:
SANDRA BREYLINGER

When Recorded, Return to:
Sandra Ann Breylinger
✓ PO Box 4331
Stateline, NV 89449

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 1 Fee: 14.00
BK-0711 PG-0872 RPTT: # 7

APN: B19-30-UB-001

QUIT-CLAIM DEED



For no consideration,

I, Sandra Ann Breylinger, an unmarried woman as Grantor hereby quit-claim to the VINO GAL TRUST, dated June 1, 2011, Grantee all right, title, or interest in the following real property situated in Douglas County, Nevada:

LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A"

Pursuant to N.R.S. § 375.090(7), this transaction is exempt from the Declaration of Value.

The name and address of the beneficiary under the VINO GAL TRUST dated June 1, 2011, is as follows: Sandra Ann Breylinger, Trustee residing at 388 Milky Way Court, #A, Stateline, Nevada 89449.

DATED this 6 day of ~~June~~^{JULY}, 2011.

Sandra Ann Breylinger, Grantor

Sandra Ann Breylinger, Trustee

STATE OF NEVADA)
before me)
) ss.
County of Douglas)

This instrument was acknowledged
this 6 day of ~~June~~^{JULY}, 2011,
by Jeanne A. DeY

My Commission Expires: June 3, 2013

Notary Public

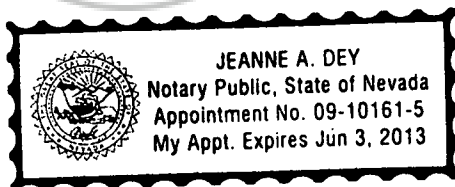


EXHIBIT 'A'

PARCEL I:

UNIT A, AS SHOWN IN THE MAP OF TAHOE VILLAGE CONDOMINIUM 6 II, BEING A SUBDIVISION OF LOT 6, OF THE SECOND AMENDED MAP OF TAHOE VILLAGE UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MAY 26, 1976, BOOK 576, PAGE 1300.

PARCEL II:

TOGETHER WITH AN UNDIVIDED 1/4 INTEREST IN AND TO THAT PORTION DESIGNATED AS "COMMON AREA", AS SHOW ON SAID MAP OF TAHOE VILLAGE CONDOMINIUM 6 II.

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
a) 1319-30-613-001
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	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. a) Total Value/Sales Price of Property: \$0
b) Deed in Lieu of Foreclosure Only (value of property) (\$ _____)
c) Transfer Tax Value: \$0
d) Real Property Transfer Tax Due \$0

4. **If Exemption Claimed:**
a. Transfer Tax Exemption, per 375.090, Section: 3
b. Explain reason for exemption: Rerecording to add legal to incorrect doc #0786017

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]
Signature: _____

Capacity: Agent
Capacity: _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
Print Name: Sandra Ann Breylinger
Address: PO BOX 4331
City: Stateline
State: NV Zip: 89449

BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: Vino Gal Trust
Address: PO BOX 4331
City: Stateline
State: NV Zip: 89449

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
First American Title Insurance
Print Name: Company File Number: 143-2613466 mk/ kf
Address 1663 US Highway 395, Suite 101
City: Minden State: NV Zip: 89423

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