

APN: 1219-23-002-003

**WHEN RECORDED MAIL TO:**

Alling & Jillson, Ltd.  
P.O. Box 3390  
Lake Tahoe, NV 89449



00130130202109632020030034

KAREN ELLISON, RECORDER

E07

**MAIL TAX NOTICES TO:**

Florence Lilian  
P.O. Box 2485  
Minden, NV 89423

## Quitclaim Deed

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Florence E. Lilian, a single woman, does hereby QUITCLAIM to Florence Elizabeth Lilian and June Johnston, Trustees, or any successors in trust under The Betsy Lilian Trust dated March 9, 2021, and any amendments thereto, whose address is 409 Dina Court, Gardnerville, Nevada, all right, title and interest in and to that certain real property located in Douglas County Nevada, more particularly described as follows:

**Being a portion of East ½ of the West ½ of Section 23,  
Township 12 North, Range 19 East, M.D.B. & M., Douglas  
County, Nevada more particularly described as follows:**

**Parcel 2 as set forth on that certain Parcel Map No. 1 for Dina  
Martens, recorded June 8, 1984, in Book 684 of Official  
Records at Page 744, Douglas County Nevada, as Document  
No. 101915.**

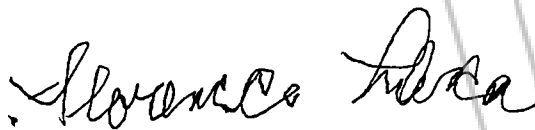
TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the personal information of any person.

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Pursuant to NRS 111.312, this legal description was previously recorded at Document No. 0599340 on December 11, 2003, Book No. 1203, Page No. 05321.

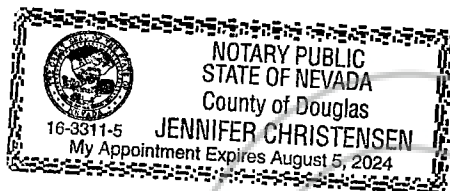
DATED this 9<sup>th</sup> day of March, 2021.



**Florence E. Lilian**

STATE OF NEVADA                    )  
                                                  : ss.  
COUNTY OF DOUGLAS            )

This instrument was acknowledged before me on the 9<sup>th</sup> day of March, 2021, by Florence E. Lilian.



NOTARY PUBLIC

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 1219-23-002-003  
 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                 |
| <input type="checkbox"/> Other           |                                                         |

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: <u>3/9/21</u>	
Notes: <u>Trust of R &amp; A</u>	

- 3.a. Total Value/Sales Price of Property \$ 0.00  
 b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ )  
 c. Transfer Tax Value: \$ \_\_\_\_\_  
 d. Real Property Transfer Tax Due \$ 0.00

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 7  
 b. Explain Reason for Exemption: A transfer of title to a trust without consideration. The trust is provided.

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 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] Capacity: Agent

Signature [Signature] Capacity: Agent

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**

Print Name: Florence E. Lilian  
 Address: PO Box 2485  
 City: Minden  
 State: NV Zip: 89423

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**

Print Name: Florence Elizabeth Lilian  
 Address: PO Box 2485  
 City: Minden  
 State: NV Zip: 89423

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**

Print Name: Alling & Jillson, Ltd.  
 Address: PO Box 3390  
 City: Stateline

Escrow # \_\_\_\_\_  
 State: NV Zip: 89449

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED