

Prepared By

Name: Amy Alice Fields
Address: 3720 Andesite Road
Wellington
State: NV Zip Code: 89444



KAREN ELLISON, RECORDER

E06

After Recording Return To

Name: Amy Alice Fields
Address: 3720 Andesite Road
Wellington
State: NV Zip Code: 89444

Space Above This Line for Recorder's Use

1022-16-001-120

NEVADA QUIT CLAIM DEED

STATE OF NEVADA

COUNTY OF Douglas

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of Zero Dollars (\$ 0) in hand paid to

Amy Alice Fields, a Single woman, residing at 3720 Andesite Road,
County of Douglas, City of Wellington, State of Nevada

(hereinafter known as the "Grantor(s)") hereby conveys and quitclaims to

Jeffrey John Fields, a Single man, residing at 3797 Tealite Circle,
County of Douglas, City of Wellington, State of Nevada

(hereinafter known as the "Grantees(s)") all the rights, title, interest, and claim in or to
the following described real estate, situated in the County of Douglas, Nevada to-
wit:

* 3637 Granite Way, Wellington, NV 89444, Lot 23 in Block 4, of
Topaz Ranch Estates No 4, according to the map thereof, filed in the
Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Block

To have and to hold, the same together with all and singular the appurtenances 1 of maps, page 221
thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, as Document
lien, equity and claim whatsoever for the said first party, either in law or equity, to the No. 50212.
only proper use, benefit and behoof of the said second party forever.

Stacy A Fields
Grantor's Signature
Stacy A Fields
Grantor's Name
3720 Ardwick Road
Address
Wellington, NV 89444
City, State & Zip

Grantor's Signature

Grantor's Name

Address

City, State & Zip

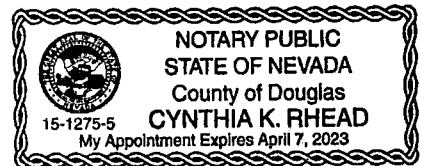
STATE OF NEVADA)
COUNTY OF Douglas)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Stacy A Fields whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 24 day of March, 2021.

Cynthia K Rhead
Notary Public

My Commission Expires: April 7, 2023



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1022-16-001-120 (transferred)
 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: _____	

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 # 6
 b. Explain Reason for Exemption: pursuant to divorce

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 Stacy Alice Fields Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Stacy Alice Fields
 Address: 3720 Lakeside Road
 City: Wellington
 State: NV Zip: 89444

Print Name: Jeffrey John Fields
 Address: 3797 Lakeside Circle
 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)