

APN#: 1420-27-701-049



KAREN ELLISON, RECORDER

E07

Recording Requested By:

ROBERT C. LEEDOM

Return Documents To:

ROBERT & CHERI LEEDOM  
1586 SARATOGA CT.  
MINDEN, NV 89423

Mail Tax Statements To:

CHASE ATTN: TAX DEPT.  
P.O. Box 9218  
COPELL, TX 75019

**QUITCLAIM DEED**

THIS QUITCLAIM DEED, Executed this 1st day of APRIL, 2021, by the Grantor, ROBERT C. LEEDOM

whose mailing address is

1586 SARATOGA CT., MINDEN, NV 89423  
to the Grantee,

LEEDOM FAMILY TRUST

ROBERT C. LEEDOM & CHERI L. LEEDOM TRUSTEES

whose mailing address is

1586 SARATOGA CT., MINDEN, NV 89423

WITNESSETH, That the said Grantor, for good consideration and for the sum of \$ \_\_\_\_\_ paid by the said Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in Douglas County, State of Nevada, to wit:

APN#: 1420-27-701-049

Commonly known as: SEE EXHIBIT A  
1586 SARATOGA CT., MINDEN, NV

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

Signed, sealed and delivered in presence of:

Signature Cheri L. Leedom Date: 4-6-2021  
Capacity: Trustee

Printed Name: CHERI L. LEEDOM

Date: 04-06-2021  
Capacity: TRUSTEE

Signature Robert C. Leedom  
Printed Name: ROBERT C. LEEDOM

Date: \_\_\_\_\_  
Capacity: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Capacity: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name: \_\_\_\_\_

STATE OF NEVADA )  
COUNTY OF Carson City )

On 4/6/2021 before me, Bridget M. Paynter, personally  
appeared Cheri L. Leedom & Robert C. Leedom

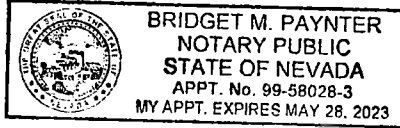
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in

his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]

Bridget M. Paynter  
Signature



Affiant: \_\_\_\_\_

\_\_\_\_ Known Unknown

ID  \_\_\_\_\_

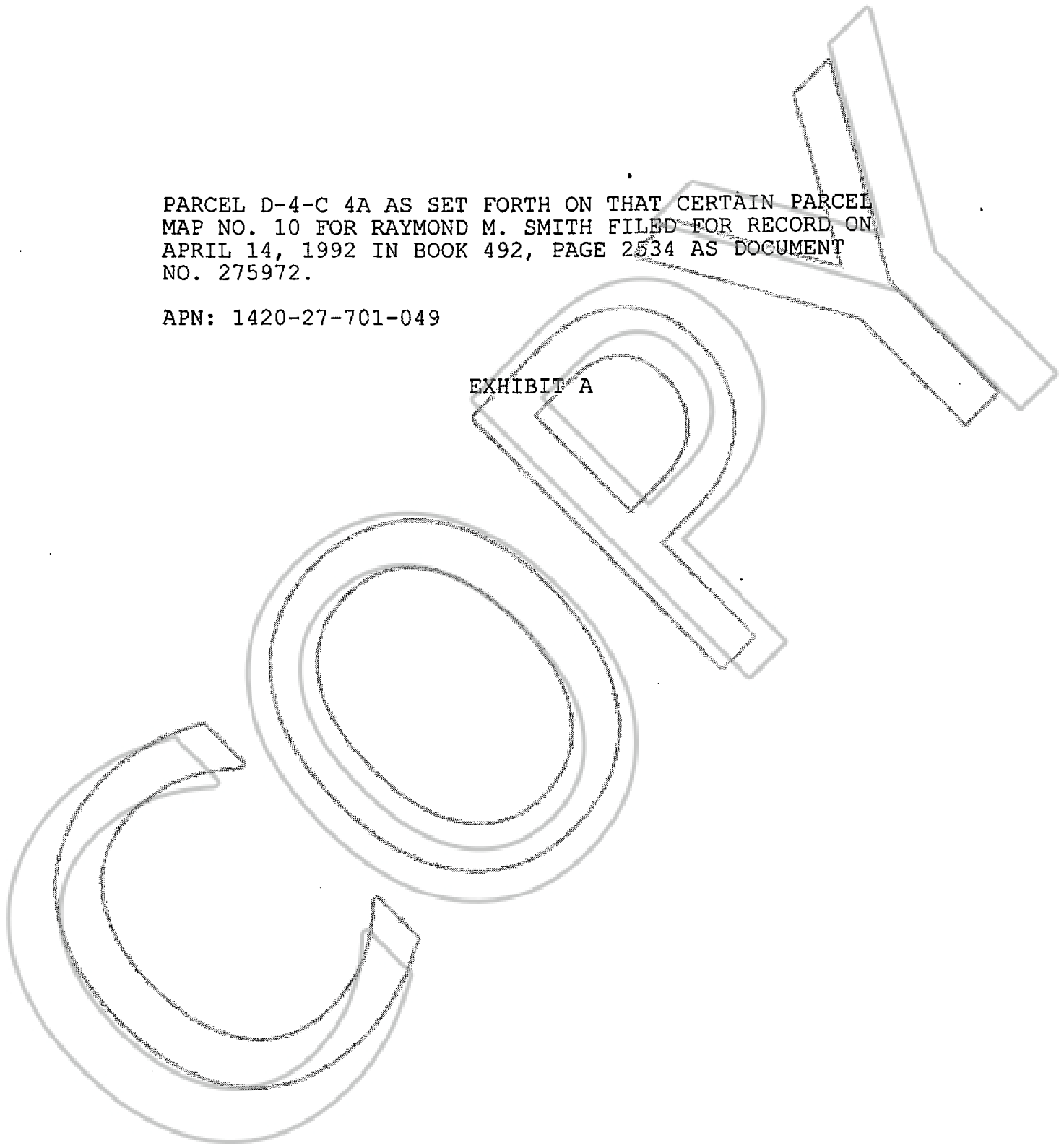
Produced: DL's

COPY

PARCEL D-4-C 4A AS SET FORTH ON THAT CERTAIN PARCEL  
MAP NO. 10 FOR RAYMOND M. SMITH FILED FOR RECORD ON  
APRIL 14, 1992 IN BOOK 492, PAGE 2534 AS DOCUMENT  
NO. 275972.

APN: 1420-27-701-049

EXHIBIT A



# STATE OF NEVADA DECLARATION OF VALUE

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: Verified Trust of

**1. Assessor Parcel Number (s)**  
 (a) 1420-27-701-049  
 (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	

**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: 7

b. Explain Reason for Exemption: Transfer to 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: Robert C. Leedom Capacity: Agent

Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Robert C. Leedom

Address: 1586 Saratoga Ct

City: Meriden

State: NV Zip: 89423

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Leedom Family Trust

Address: same

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_