

MAIL TAX STATEMENTS TO:  
SUSAN COCORES  
JOHN COCORES  
823 MAHOGANY DRIVE  
MINDEN, NV 89423

RECORDATION REQUESTED BY/RETURN TO:  
SOLIDIFI  
88 SILVA LANE  
MIDDLETOWN, RI 02842

APN No. 1320-30-210-001

## QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 22 day of March 2021, by **SUSAN CRUZ NOW KNOWN AS SUSAN COCORES AND JOHN COCORES, WHO BOTH ACQUIRED TITLE AS UNMARRIED, AS JOINT TENANTS** to second party, **SUSAN COCORES AND JOHN COCORES, A MARRIED COUPLE.**

WITNESSETH, That the said first party, for good consideration in the amount of Ten Dollars and 00/100 (\$10.00) and good and other valuable consideration paid by the said second party, the receipt whereof is hereby acknowledged, do hereby remise, release and quitclaim unto the said second party(ies), **as joint tenants with right of survivorship, and not as tenants in common**, and to their successors and assigns 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 City of **MINDEN**, County of **DOUGLAS**, State of **NEVADA**, to wit:

Lot 3, Block M, as shown on the Official Map of WESTWOOD VILLAGE UNIT NO. II, PHASE 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on June 23, 1988, as Document No. 180866.

Property Address: 823 MAHOGANY DRIVE, MINDEN, NV 89423

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

[Signature]  
SUSAN CRUZ N/K/A SUSAN COCORES

[Signature]  
JOHN COCORES

STATE OF NEVADA )  
COUNTY OF Douglas )

SS.

On, March 22nd, 2021, before me, the undersigned, a Notary Public in and for said State, personally appeared **SUSAN CRUZ N/K/A SUSAN COCORES AND JOHN COCORES** 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.



[Signature]  
Notary Public  
My Commission Expires: 07/20/2024

**PREPARED BY:**  
ROBERT "BOB" WINES, ATTORNEY AT LAW  
O/B/O BC LAW FIRM, P.A.  
687 6TH STREET STE. # 1  
ELKO, NV 89801

State of Nevada  
Declaration of Value

**FOR RECORDER'S OPTIONAL USE ONLY**

Document/Instrument # \_\_\_\_\_  
Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Date of Recording: \_\_\_\_\_  
Notes: \_\_\_\_\_

1. Assessor Parcel Number(s)  
a) 1320-30-210-001  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_
2. Type of Property:  
a) Vacant Land  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 \_\_\_\_\_

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 03  
b. Explain Reason for Exemption: NAME CHANGE - MARITAL STATUS

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 therein. 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 75.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity Grantor  
Signature [Signature] Capacity GRANTOR

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
Print Name: SUSAN CRUZ AND JOHN COCOPRES  
Address: 823 MAHOGANY DRIVE  
City: MINDEN  
State: NV Zip 89423

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
Print Name: SUSAN COCOPRES AND JOHN COCOPRES  
Address: 823 MAHOGANY DRIVE  
City: MINDEN  
State: NV Zip 89423

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**  
Print Name: SOLIDITY TITLE & CLOSING Escrow # ASV-1320-30-210-001  
Address: 88 SILVA LANE  
City: MIDDLETOWN State RI Zip 02842

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)