

A.P.N.: 1220-16-710-075
File No: 143-2619516 (et)

When Recorded Return and Send Tax Statements To:
Michael D. Silva

917 Steeler Rd
Laytonville CA 9545A

R.P.T.T.: \$0.00 Exempt #5

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Karlene D. Silva, Spouse of Grantee

do(es) hereby RELEASE AND FOREVER QUITCLAIM to

Michael D. Silva, a married man as his sole and separate property

all the right, title, and interest of the undersigned in and to the real property situate in the County of **Douglas**, State of **Nevada**, described as follows:

LOT 3 IN BLOCK D OF GARDNERVILLE RANCHOS UNIT NO. 4, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 10, 1967, IN MAP BOOK 1, PAGE 055, FILING NO. 35914.

"It is the express intent of the grantor, being the spouse of the grantee, to convey all right, title and interest of the grantor, community or otherwise, in and to the herein described property to the grantee as his/her sole and separate property."

Karlene D. Silva 4.19.21
Karlene D. Silva Date

STATE OF Ca)
COUNTY OF Napa) :ss.

This instrument was acknowledged before me on this:
19 day of 4 / 2021.

By: **Karlene D. Silva**
Karlene D. Silva

Notary Public
(My commission expires: 12/21/23)

SEE ATTACHED
Acknowledgement
or
Jurat.

APR 19 2021

**CALIFORNIA ALL-PURPOSE CERTIFICATE
OF ACKNOWLEDGMENT**

The Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

**State of California
County of Napa**

On 04/19/2021 before me, **KRISTA VAN DER VELDE, NOTARY PUBLIC**

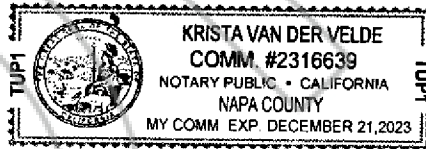
personally appeared Karlenc D. Silva

who 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.

I certify under PENALTY OF PERJURY under the laws of the state of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Krista Van Der Velde
Signature of Notary



Optional Information

Date of Document: April 19, 2021

Type or Title of Document: Quitclaim Deed

Number of Pages in Document: 3 pgs

Document in a Foreign Language: NO

Capacity of Signer:

- Trustee
- Power of Attorney
- CEO/CFO/COO
- President/Vice-President/Secretary/Treasurer
- Other: _____

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 1220-16-710-075
- 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 \$0.00

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption, per 375.090, Section: #5
- b. Explain reason for exemption: Deed to remove spouse not on title with no 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 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: [Signature]
Capacity: _____

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

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

Print Name: Karlene D. Silva
Address: 851 Arrowhead Dr
City: Gardnerville
State: NV Zip: 89460

Print Name: Michael Silva
Address: 851 Arrowhead Dr
City: Gardnerville
State: NV Zip: 89460

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

First American Title Insurance
Print Name: Company
Address: 1663 US Highway 395, Suite 101
City: Minden

File Number: 143-2619516 et/ et
State: NV Zip: 89423

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