40-

A.P.N. 1420-33-212-009
R.P.T.T. \$ 0
RECORDING REQUESTED BY:
WILLIAM DAVID UNDERWOOD SR.
MAIL TAX STATEMENTS TO:
WILLIAM DAVID UNDERWOOD SR.
1299 Bridle Way
MINDEN, NV 89423
WHEN RECORDED MAIL TO:
WILLIAM DAVID UNDERWOOD SR.
1299 Bridle Way
MINDEN, NV 89423

DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00

2021-970408 07/06/2021 10:05 AM

WILLIAM DAVID UNDERWOOD

Pgs=3



00100120202100

KAREN ELLISON, RECORDER

E07

Space Above This Line For Recorder's Use

Quitclaim Deed - Nevada

WILLIAM DAVID UNDERWOOD, SR., an unmarried man, the undersigned grantor, for a valuable consideration, receipt of which is hereby acknowledged, does hereby remise, release and forever quitclaim to WILLIAM D. UNDERWOOD, the Trustee of THE WILLIAM D. UNDERWOOD LIVING TRUST, all that real property situated in the County of DOUGLAS, State of NEVADA, described as follows:

LOT 129, Block B, as shown on the Final Map of Wildhorse Unit 4, A PLANNED UNIT DEVELOPMENT, filed for recording in the office of the County Recorder of Douglas County, State of Nevada, on December 12, 1990 in Book 1290, Page 3944, as Document No. 241974.

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.

Also known as: 1299 Bridle Way

Minden, NV 89423

APN: 1420-33-212-009

Executed on JUNE 11, 2001

at CARSUN (154, NV

WILLIAM DAVID UNDERWOOD, SR., Grantor

ACKNOWLEDGWENT			
State of Nevada)) ss County of CARSW (ITT)			
County of 2 14 12 30 10 10 11 1			
On $6-1+21$ before me, $22N12MAYHOPN$, a			
Notary Public, personally appeared <u>WILLIAM</u> <u>VMRMOD</u> <u>STA</u> 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.			
Notary Public			
Print Name: SPNE MAYNO 2N			
My commission expires: 10-21-202-			
Notary Public, State of Nevada Appointment No. 04-89904-3 My Appt. Expires Oct 21, 2024			

STAT	E OF NEVADA	
DECL	ARATION OF VALUE	
1.	Assessor Parcel Number(s)	\wedge
	a)/420-33-212-009	
	b)	\ \
	c)	\ \
	d)	\ \
		\ \
2.	Type of Property:	\ \
۷.	· · · · · · · · · · · · · · · · · · ·	\ \
	a) Vacant Land b) Single Fam. R	es.
	c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
	e) Apt. Bldg f) Comm'l/Ind'l	BOOKPAGE
	g) Agricultural h) Mobile Home	DATE OF RECORDING:
		NOTES:
	i)	
13.	Total Value/Sales Price of Property:	<u> </u>
	Deed in Lieu of Foreclosure Only (value of property	
	Transfer Tax Value:	S
	Real Property Transfer Tax Due:	\$
4.	If Exemption Claimed:	\ \ ~ / /
	a. Transfer Tax Exemption per NRS 375.090,	Section #
	b. Explain Reason for Exemption: That	nsfer to Trust
	without conside	Ration
5.	Partial Interest: Percentage being transferred:	%
•		
Th	a undersigned declares and acknowledges, under	penalty of perjury, pursuant to NRS 375.060 and NRS
		the best of their information and belief, and can be
		antiate the information provided herein. Furthermore, the
		nption, or other determination of additional tax due, may
res	ult in a penalty of 10% of the tax due plus interes	st at 1% per month.
_		
Pursua	nt to NRS 375.030, the Buyer and Seller shall be jo	ointly and severally liable for any additional amount owed.
and the same of th	Willes I The Polester	(A) G = 100
Signat	ure / Mary	Caracity Chantok
200		
Signat	ure	Capacity
/		/
	SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
	(REQUIRED)	(REQUIRED)
	1) (= 1/00	
	ame: William Underwood SP	Print Name: William D. Underwood Living Te
	s: 1299 BRIDLE Way	Address: <u>Same</u>
City:	minden,	City: State: Zip:
State: _	Nevada Zip: 89423	State: Zip:
	ANY/PERSON REQUESTING RECORDING	
796	required if not the seller or buyer)	
Print N		Escrow #
Addres		
City:	State:	Zip:
-	(AS A PUBLIC RECORD THIS FORM	MAY BE RECORDED/MICROFILMED)