



KAREN ELLISON, RECORDER E07

When Recorded Return To:

MICHAEL A. STRICKLAND
BRENDA L. STRICKLAND
1470 JAMES ROAD
GARDNERVILLE, NV 89460

Send Tax Statements To:

MICHAEL A. STRICKLAND
BRENDA L. STRICKLAND
1470 JAMES ROAD
GARDNERVILLE, NV 89460

QUITCLAIM DEED

Please complete Affirmation Statement below:

MS. I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons (Per NRS 239B.030).

____ I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

Michael A. Strickland
Signature

TRUSTEE OF STRICKLAND FAMILY REVOCABLE L/T
Title

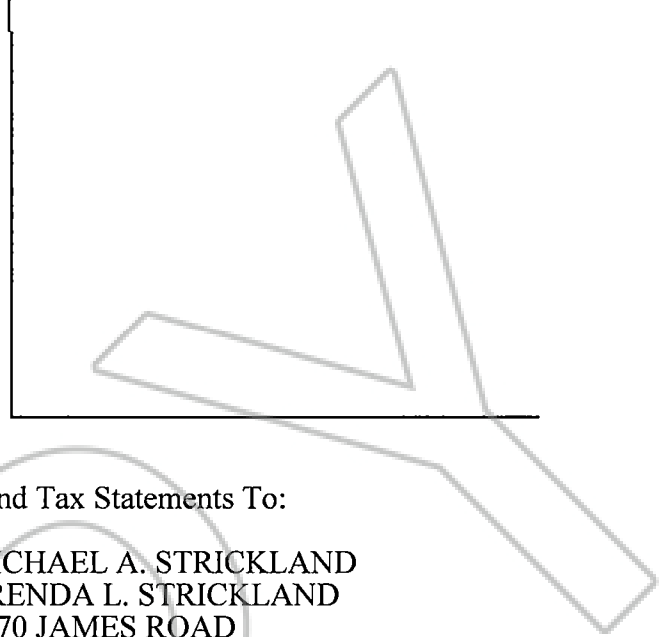
Michael A. Strickland
Print Name

This page is added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)

APN: 1220-22-110-021

**TRANSFERRED WITHOUT
CONSIDERATION**



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QUIT CLAIM DEED

MICHAEL A. STRICKLAND and BRENDA L. STRICKLAND, husband and wife as joint tenants, hereby quitclaim to MICHAEL A. STRICKLAND and BRENDA L. STRICKLAND, as Trustees of the STRICKLAND FAMILY REVOCABLE LIVING TRUST, all of their allocated interest in that real property situate in the County of Douglas, State of Nevada, described below:

GRANT, BARGAIN, AND SALE DEED

Lot 60, as shown by map of GARDNERVILLE RANCHOS UNIT NO. 5, filed in the County of Douglas, Nevada on November 4, 1970, in Book 80, Page 675, as Document No. 50056.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

AFFIRMATION Pursuant to NRS 239B.030

The undersigned do hereby affirm that the preceding document does not contain the Personal Information of any person.

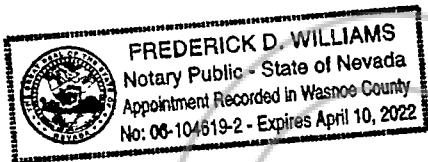
STATE OF NEVADA)
) ss
COUNTY OF WASHOE)

Dated this 9 day of July, 2021.


MICHAEL A. STRICKLAND


BRENDA L. STRICKLAND

The foregoing QUIT CLAIM DEED was acknowledged before me **MICHAEL A. STRICKLAND** and **BRENDA L. STRICKLAND** this 9 day of July, 2021.0




NOTARY PUBLIC

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s) 1220-22-110-021

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

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$
 Transfer Tax Value. \$
 Real Property Transfer Tax Due: \$

Trust OK - J

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 7 / NAC 375, Section 7
- b. Explain Reason for Exemption: **TRANSFER TO REVOCABLE TRUST - TRANSFERRED WITHOUT CONSIDERATION.**

5. Partial Interest: Percentage being transferred: _____ %

The undersigned Seller (Grantor)/Buyer (Grantee), 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 *Michael A. Strickland* Capacity Grantor/Grantee

Signature *Brenda L. Strickland* Capacity Grantor/Grantee

SELLER (GRANTOR) INFORMATION
 Print Name: MICHAEL A. STRICKLAND
 BRENDA L. STRICKLAND

BUYER (GRANTEE) INFORMATION
 Print Name: MICHAEL A. STRICKLAND AND
 BRENDA L. STRICKLAND, Trustee of
 the STRICKLAND FAMILY
 REVOCABLE LIVING TRUST

Address: 1470 JAMES ROAD
 City: GARDNERVILLE
 State: NV Zip: 89460

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 City: GARDNERVILLE
 State: NV Zip: 89460

**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)