DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

2021-972649 08/17/2021 02:30 PM

RODNEY SUMPTER

Pgs=7

APN 1420-21-810-020

WHEN RECORDED MAIL TO:

ETHAN DORRANCE and TIMOTHY K. DORRANCE, Trustees 820 Reggie St. Dayton, NV 89403 00140661202109726490070078

KAREN ELLISON, RECORDER

E07

MAIL TAX STATEMENTS TO:

Same as above

QUITCLAIM DEED

THIS INDENTURE, made this day of August, 2021 by and between PATRICIA K. DORRANCE, an unmarried woman, under *Power of Attorney* dated February 25, 2020 naming ETHAN S. DORRANCE and TIMOTHY K. DORRANCE, attorneys-in-fact, and ETHAN DORRANCE, an unmarried man, as Grantors, and the same ETHAN S. DORRANCE and TIMOTHY K. DORRANCE, as Trustees of the PATRICIA K. DORRANCE TRUST, utd January 4, 2001, as Grantees.

WITNESSETH:

That the Grantors, for and in consideration of the sum of Ten Dollars (\$10.00), paid to her by the Grantee, receipt whereof is hereby acknowledged, does hereby release, remise and forever quitclaim unto ETHAN S. DORRANCE and TIMOTHY K. DORRANCE, as Trustees of the PATRICIA K. DORRANCE TRUST, and to their successors, and assigns forever, all of their right, title and interest in that certain land situated, lying and being in the County of Washoe, State of Nevada, described as follows, to-wit:

Lot 3, Block B, as shown on the map of Mission Hot Springs III, filed for record in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1992, book 692, Page 6000, Documents No. 282411.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereto belonging or in anywise appertaining, and the reversion and reversions, remainder and remands, rents, issues and profits thereof.

TO HAVE AND TO HOLD, all the singular the said premises together with the appurtenances thereunto belonging unto said Grantees and to their successors and assigns forever.

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)

IN WITNESS WHEREOF, the Grantors have hereunto set their hand this day of August, 2021.

GRANTORS:

PATRICIA K. DORRANCE

By ETHAN DORRANCE

Attorney-in-Fact

ETHAN DORRANCE

Signed in Counter part

- See Attached -

PATRICIA K. DORRANCE

By TIMOTHY K. DORRANCE

Attorneys-in-Ffact

TO HAVE AND TO HOLD, all the singular the said premises together with the appurtenances thereunto belonging unto said Grantees and to their successors and assigns

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)

IN WITNESS WHEREOF, the Grantors have hereunto set their hand this day of August, 2021.

ETHAN DORRANCE

GRANTORS:

x Etan

PATRICIA K. DORRANCE

By ETHAN DORRANCE

Attorney-in-Fact

PATRICIA K. DORRANCE By TIMOTHY K. DORRANCE

Attorneys-in-Ffact

STATE OF NEVADA) : ss. COUNTY OF WASHOE)

On August 5, 2021, personally appeared before me, a Notary Public, in and for said County and State, ETHAN DORRANCE, known to me to be the person who executed the within instrument as Attorney-In-Fact for Grantor, PATRICIA K. DORRANCE.

NOTARY PUBLIC



STATE OF NEVADA) : ss. COUNTY OF WASHOE)

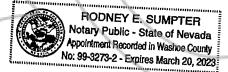
On August 5, 2021, personally appeared before me, a Notary Public, in and for said County and State, ETHAN DORRANCE, known to me to be the person who executed the within instrument as Attorney-In-Fact for Grantor, PATRICIA K. DORRANCE.



NOTARY PUBLIC

STATE OF NEVADA) : ss. COUNTY OF WASHOE)

On August <u>5</u>, 2021, personally appeared before me, a Notary Public, in and for said County and State, ETHAN DORRANCE, in his individual capacity, known to me to be the person who executed the within instrument as



NOTARY PUBLIC

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A 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 that document.

State of California	\ \
County of ALAMEDA	\ \
On <u>08/05/2021</u> before me, <u>GUSTAVO</u>	(Here insert name and title of the officer)
personally appeared	ORRANCE,
the within instrument and acknowledged to me the	dence to be the person(s) whose name(s) is/are subscribed to nat he/she/they executed the same in his/he/their authorized on the instrument the person(s), or the entity upon behalf of t.
•	ne laws of the State of California that the foregoing paragraph
is true and correct. WITNESS my hand and official seal. Signature of Notary Public	GUSTAVO LIBRADO CRUZ COMM. # 2271190 NOTARY PUBLIC • CALIFORNIA D ALAMEDA COUNTY My Commission Expires DECEMBER 15, 2022
ADDITIONALO	PTIONAL INFORMATION
ADDITIONALO	INSTRUCTIONS FOR COMPLETING THIS FORM
(Title or description of attached document) (Title or description of attached document continued)	Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
(Additional information)	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk Additional information is not required but could help to ensure this

acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

☐ Trustee(s)

☐ Other

STATE OF NEVADA DECLARATION OF VALUE

1 Assessor P	arcel Number (s))				\	\
a) 1420-21-810						\	\
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		_				/	\
d)		_				\	. \
					1		\
2. Type of Pro					RDERS O	PTIONAL USE ON	/ _A /
a) 💭	Vacant Land		Single Fam Res. 2-4 Plex	Notes:			
c) [e) (Condo/Twnhse Apt. Bldg.	u) [Comm'I/Ind'I	1	Trus	St DR B	
g) (Agricultural	f)	Mobile Home				
i) 🗀	Other			-	The state of the s		
					1		1
	e/Sales Price o			0.00		\	
Deed in Lie	u of Foreclosure	Only (value o					
Transfer Ta	x Value:	(<u> </u>		_		
Real Proper	ty Transfer Tax D	ue:	\$	0.00			
			1			/	
4. If Exemption			7	N	/ .	/	
a. Transf	er Tax Exemption,	per NRS 375.0	090, Section <u>: /</u>	/			
b. Explair	n Reason for Exem to Trust when a certi	ption:	was a stand of the	a time of tro	nofor us	the out 1 an	c backing
ransfer t	to Trust when a certi	ilicate of trust is	presented at th	e une or uz	insiei w	THOUR CON	י ועי וכשושטפט
5 Portial Inte	erest: Percentag	e heing tran	sferred:	%	1		
5. Faitiai iite	stest. Tercertag	ic being tidi			1		
The undersigne	d declares and ack	nowledges, ur	nder penalty of	perjury, pu	rsuant to	NRS 375.060	
and NRS 375.11	10, that the informa	tion provided	is correct to the	e best of the	eir inform	nation and	
belief, and can be	oe supported by do	cumentation if	called upon to	substantia	te the inf	formation	
provided herein	. Furthermore, the	disallowance	of any claimed	exemption	, or other	r determination	
of additional tax	due, may result in	a penalty of 1	0% of the tax o	lue plus inte	erest at 1	1% per montn.	
		D	مط للمطم سملاء	ininth, on	d covo	rally liable for	anv
	RS 375.030, the	Buyer and S	eller shall be	Joining an	iu Sevei	ally liable for	ally
additional am			/	L			
Signature_3	x & fel due				acity <u> Gr</u>		
Signature_>		- The second second		Capa	acity_Gr	antee	
_							
SELLER (GI	RANTOR) INFO	RMATION	BUYER	(GRANT	EE) IN	<u>IFORMATIO</u>	<u>N</u>
	EQUIRED)			(REQUIRED))		
Print Name:	PATRICIA K. DOF	RRANCE	_ Print Na	me: ETHA	N DORR	ANCE	
Address:	820 Reggie St	1	Address	820 Regg	gie St.		
City:	Dayton	7	City:	Dayton			
State:	NV Zip:	89403	State:	NV	Zip:	89403	
1		7	_				
COMPANY/	PERSON REQ	UESTING F	RECORDIN	<u>G</u>			
	OT THE SELLER OR BL						
Print Name:	RODNEY E. SUM			Escrow	#NONE		
Address:	139 Vassar Street						
City: Reno			State: N	IV	Zip:	89502	

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)