



KAREN ELLISON, RECORDER E07

APN: 1219-03-002-016

RECORDING REQUESTED BY:

Andrew W. Thompson & Jill O. Fuss  
4415 Moraga Ave  
Oakland, CA 94611

AFTER RECORDATION, RETURN BY MAIL TO:

Andrew Willard Thompson & Jill Olivia Fuss, Trustees  
4415 Moraga Ave  
Oakland, CA 94611

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**QUIT CLAIM DEED**

**THIS QUITCLAIM DEED**, executed this 7<sup>th</sup> day of October, 2021, by first party, Grantors, ANDREW W. THOMPSON and JILL O. FUSS, husband and wife as joint tenants with right of survivorship, whose post office address is 4415 Moraga Avenue, Oakland, CA 94611, to second party, Grantees, ANDREW WILLARD THOMPSON and JILL OLIVIA FUSS, Trustees of the THOMPSON/FUSS FAMILY TRUST Dated Oct. 7, 2021, whose post office address is 4415 Moraga Avenue, Oakland, CA 94611.

**WITNESSETH**, that the said first party, for good consideration and for the sum of Ten Dollars (\$10.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party 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 County of Douglas, State of Nevada to wit:

A parcel of land situate in and being a portion of the Southwest 1/4 of Section 3 Township 12 North, Range 19 East, M.D.B. & M., more particularly described as follows:

Parcel No. 1 as set forth on that certain Parcel Map for JOSEPH S. LODATO, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 21, 1976, as Document No. 05464.

Per NRS 111.312, this legal description was previously recorded at Document No. 0645226, in Book 0505, Page 11299 on 05/25/2005

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

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

Andrew W. Thompson

Jill O. Fuss

# CALIFORNIA ALL PURPOSE 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 Contra Costa }

On 10/7/2021 before me, Nicole A. Davidson, Notary  
Date Insert Name and Title of the officer

Public, personally appeared Andrew W. Thompson

Jill O. Fuss  
Name(s) of Signer(s)

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 foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]



### OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

#### Description of Attached Document

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

#### Capacity(ies) Claimed by Signer(s)

Signers Name: \_\_\_\_\_

Corporate Officer -- Title(s) \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signers Name: \_\_\_\_\_

Corporate Officer -- Title(s) \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
a) 1219-03-002-016  
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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
BOOK _____	PAGE _____
DATE OF RECORDING: <u>10/22/25</u>	
NOTES: _____ <i>Sumat...</i>	

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 # 7  
b. Explain Reason for Exemption: Transfer to Trust without consideration

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 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 Andrew Thompson Capacity \_\_\_\_\_ Grantor  
Signature Jill O. Fuss Capacity \_\_\_\_\_ Grantor

SELLER (GRANTOR) INFORMATION (REQUIRED)                      BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Andrew W. Thompson & Jill O. Fuss                      Print Name: Andrew Willard Thompson & Jill Olivia Fuss, TTEE  
Address: 4415 Moraga Ave    Address: 4415 Moraga Ave  
City: Oakland    City: Oakland  
State: CA    State: CA    Zip: 94611

COMPANY/PERSON REQUESTING RECORDING  
(required if not the seller or buyer)  
Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_