

APN# _____



Recording Requested by/Mail to:

Name: SUNRIDGE CORP. / BILL WELLMAN

Address: 4420 S. DECATUR 3RD

City/State/Zip: LAS VEGAS, NV 89103

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: INDIAN HILLS GENERAL IMP. DIST.

Address: 3394 JAMES LEE PARK RD.

City/State/Zip: CARSON CITY, NV 89075

QUIT CLAIM DEED

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Parcel #1420-07-812-004

QUIT CLAIM DEED

THIS DEED, made this 22nd day of December, 2021 between SUNRIDGE CORPORATION ("Grantor") whose legal address is 4420 S. Decatur Blvd., Las Vegas, Nevada 89103, and INDIAN HILLS GENERAL IMPROVEMENT DISTRICT ("Grantee") whose address is 3394 James Lee Park Rd., Carson City, Nevada 89075;

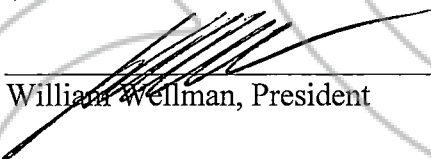
WITNESS, that the Grantor, for and in consideration of Ten (\$10.00) Dollars and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, has remised, released, sold and Quitclaimed and by these presents does remise, release, sell and Quitclaim unto the Grantee, and the Grantee's heirs and assigns forever, all of the right, title, interest, claim and demand that the Grantor has in and to the real property, together with the fixtures and improvements located thereon, if any, situate, lying and being in the County of Douglas, State of Nevada, described as follows:

Sunridge Heights 6B & 7A

TO HAVE AND TO HOLD the same, together with all and singular the appurtenances and privileges thereunto belonging, or in anywise thereunto appertaining, and all the estate, right, title, interest and claim, whatsoever, of the Grantor, either in law or in equity, to the only proper use, benefit and behalf of the Grantee, and the Grantee's heirs and assigns forever.

EXECUTED AND DELIVERED on the date set forth above.

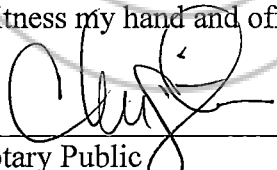
SUNRIDGE CORPORATION



William Wellman, President

STATE OF NEVADA)
)
COUNTY OF CLARK)

The foregoing instrument was acknowledged before me on December 22, 2021, by William Wellman.

Witness my hand and official seal.


Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-07-812-004
 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 ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: <u>1/24/22</u>	
NOTES: <u>Notified on assessor's web</u> <u>"NV" in \$0.00</u>	

3. Total Value/Sales Price of Property: \$ 2.00
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 2.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # _____
 b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100.00 %

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 _____ Capacity _____ Grantor

Signature _____ Capacity _____ Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: SUNRIDGE CORPORATION
 Address: 4420 S. Decatur Blvd.
 City: Las Vegas
 State: NV Zip: 89103

Print Name: Indian Hills General Improvement District
 Address: 3394 James Lee Park Rd.
 City: Carson City
 State: NV Zip: 89075

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/MICROFILMED)