

APN# 1220-21-710-029



KAREN ELLISON, RECORDER E03

Recording Requested by/Mail to:
Name: Andrea Marie Ceda
Address: P.O. Box 996
City/State/Zip: Hanapepe, HI 96716

Mail Tax Statements to:
Name: Andrea Marie Ceda
Address: P.O. Box 996
City/State/Zip: Hanapepe, HI 96716

Corrected 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)

Andrea m Ceda

Signature

Andrea Marie Ceda

Printed Name

This document is being (re-)recorded to correct document # 2020-954172, and is correcting
ther last name of one of the Grantees - from Andrea Marie Makepa to Andrea Marie Ceda

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1220-21-710-089
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'/Ind'l
g) Agricultural h) Mobile Home
i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

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 # 3
b. Explain Reason for Exemption: updating my married name

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 Andrea M Ceda Capacity owner/grantor

Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Andrea M Ceda
Address: PO BOX 996
City: Hendapepe
State: NV Zip: 96714

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Andrea M Ceda
Address: PO BOX 996
City: Hendapepe
State: NV Zip: 96714

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)