

QUITCLAIM DEED

RECORDING REQUESTED  
When Recorded, Return  
Deed and Tax Bill to:



KAREN ELLISON, RECORDER E07

John and Mary Eleanore Holman  
2879 Jackie Court  
Minden, Nevada 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

FOR VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, JOHN R. HOLMAN and MARY ELEANORE HOLMAN hereby RELEASE AND FOREVER QUITCLAIM to their HOLMAN FAMILY 2020 TRUST, JOHN R. HOLMAN and MARY ELEANORE HOLMAN TRUSTEES, all right, title, and interest in and to that real property situated in Minden, State of Nevada commonly known as 2879 Jackie Court, Minden, Douglas County, State of Nevada, and more particularly described as:

LOT 8 AS SET FORTH ON FINAL SUBDIVISION MAP LDA #99-052 OF BUCKBRUSH ESTATES PHASE I, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 9, 2000 IN BOOK 800, PAGE 1587 AS DOCUMENT NO. 497366.

APN: 1420-27-310-008

Together with all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

THE UNDERSIGNED HEREBY AFFIRM THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

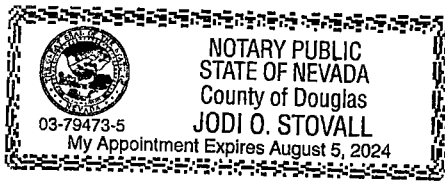
Date: 25 Feb 2022

JOHN R. HOLMAN

MARY ELEANORE HOLMAN

State of Nevada }  
 } ss.  
County of Douglas }

On this 25 day of FEB, 202~~1~~<sup>22</sup>, before me, Jodi O Stovall (here insert name of notary public), personally appeared JOHN R. HOLMAN and MARY ELEANORE HOLMAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this Quitclaim Deed, and acknowledged that they executed it.



NOTARY SEAL

Jodi O Stovall  
(Signature of Notary Public)

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1420-27-310-008  
 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: _____	
NOTES: <u>Trust ok - J</u>	

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: 100 %

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: [Signature] Capacity: Grantor

Signature: [Signature] Capacity: grantor

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: John R Holman  
 Address: 2879 Jackie Circle  
 City: Minden  
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Holman Family 2020 Trust  
 Address: \_\_\_\_\_  
 City: Same  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

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)