



KAREN ELLISON, RECORDER

APN: 1220-15-110-032

RECORDING REQUESTED BY:

Michael Francis Flamm & Katie Maryann Flamm  
1310 Brooke Way  
Gardnerville, NV 89410

AFTER RECORDATION, RETURN BY MAIL TO:

Michael Francis Flamm & Katie Maryann Flamm  
1310 Brooke Way  
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this 29 day of APRIL, 2022, by first party, Grantor, FRANCIS STREIGHT, an unmarried man, whose post office address is 951 Mitch Drive, Gardnerville, NV 89460, to second party, Grantees, MICHAEL FRANCIS FLAMM and KATIE MARYANN FLAMM, husband and wife as joint tenants with right of survivorship, whose post office address is 1310 Brooke Way, Gardnerville, NV 89410.

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:

Lot 474, as shown on the map of the RESUBDIVISION of Lots 91-A & B; 92-A & B; 93 through 96, and 221 through 232, GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 10, 1967, as Document No. 37049.

Per NRS 111.312, this legal description was previously recorded at Document No. 0542624, Book 0502, Page 05936 . on 05/20/2002

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.

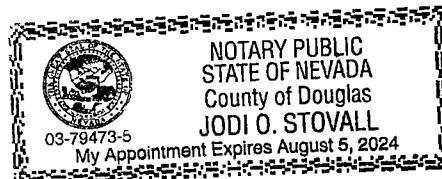
IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

*Francis Streight*  
Francis Streight

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

This instrument was acknowledged before me on the 29 day of APRIL, 20 22, by Francis Streight.

*Jodi O. Stovall*  
Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1220-15-110-032  
 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: _____	

3. Total Value/Sales Price of Property: \$ 146,669  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 Transfer Tax Value: \$ 146,669  
 Real Property Transfer Tax Due: \$ 578.30  
3

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

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 Francis Streight Capacity Grantor  
 Signature Michael Flamm Capacity Grantee

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Francis Streight  
 Address: 951 Mitch Dr.  
 City: Gardnerville  
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Michael Francis Flamm & Katie Maryann Flamm  
 Address: 1310 Brooke Way  
 City: Gardnerville  
 State: NV Zip: 89410

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)