	Rec:\$40.00	07/20/2022 02:40 PM		
TAX PARCEL ID # 000-21-522-230	Total:\$40.00 ROBERT D. PRICE	Pgs=5		
1AX PARCEL 1D #		, go c		
Prepared By	00157609202209876	730050055		
Name: Robert Daniel Price - Trustee	KAREN ELLISON, RE	CORDER E07		
Address: <u>3360 Toro Way</u>	NANEN ELLISON, NE	CORDER 207		
Redding		\ \		
State: <u>CA</u> Zip Code: <u>96002</u>		\ \		
After Recording Return To		\ \		
Name: Robert Daniel Price		J		
Address: 3360 Toro Way				
Redding_				
State: <u>CA</u> Zip Code: <u>96073</u>				
Space Abo	ove This Line for Re	ecorder's Use		
)	~		
<u>NEVADA QUIT CLAIM DE</u>	ED / /			
STATE OF NEVADA	///			
COUNTY OF Douglas				
KNOW ALL MEN BY THESE PRESENTS, That for and	in consideration of	fthe sum of		
No consideration (\$ 0) in hand paid to Helen Penn Trust - Robert				
Price Trustee, a person, residing at 3360 Toro Way, Cour	nty of Shasta, City	of Redding,		
State of CA (hereinafter known as the "Grantor(s)") hereb	y conveys and qui	tclaims to		
Robert Daniel Price, a person, residing at 3360 Toro Way				
Redding, State of CA, (hereinafter known as the "Grantee				
interest, and claim in or to the following described real es				
Douglas, Nevada to-wit:	•	•		
Bouglas, Novada to Will				
3402 Sunridge Court, Carson City Nevada, 89705				
Parcel number - 1420-07-816-020.				
Tallocation 1720 of 010 020.				
To have and to hold, the same together with all and sing				
thereunto belonging or in anywise appertaining, and all t	the estate, right, title	e, interest,		

lien, equity and claim whatsoever for the said first party, either in law or equity, to the only

proper use, benefit and behoof of the said second party forever.

DOUGLAS COUNTY, NV

2022-987673

Grantor's Signature	
Grantors Name	Robert Daniel Price
Grantor's Address	3360 Toro Way Redding, CA, 96002
STATE OF NEVADA)	
COUNTY OF DOUGLAS	
instrument, and who is known to rinformed of the contents of the instrument bears date. Given under my hand this date.	c in and for said County, in said State, hereby certify whose names are signed to the foregoing ne, acknowledged before me on this day that, being strument, they, executed the same voluntarily on the day ay of, 20 Notary Public
for Notary Seal	My Commission Expires:
See Attachment for Notary Seal	

A notary public or other officer completing this certificate is attached, and not	cate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.	
State of California County of 500000000000000000000000000000000000	Balance Calaba	
on <u>Other</u> before me, <u>S.</u> Date personally appeared <u>Rovert O.</u>	Here Insert Name and Title of the Officer	
	Name(s) of Signer(s)	
subscribed to the within instrument and acknow	y evidence to be the person(s) whose name(s) is/are wledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument 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.	
S. BLALOCK COMM. # 2371886 SOMM. # 2371886 SOMM. # 2371886 SOMM. SHASTA COUNTY OF COMM. EXPIRES AUG. 22, 2025	Signature of Notary Public	
OF OF	PTIONAL	
Though this section is optional, completing this fraudulent reattachment of the	s information can deter alteration of the document or is form to an unintended document.	
Description of Attached Document	"s. X	
Title or Type of Document: Document Date: 15 5	Number of Bases	
Signer(s) Other Than Named Above:	Number of Pages:	
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:	
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General	
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator ☐ Other:	☐ Trustee ☐ Guardian or Conservator	
Signer Is Representing:	☐ Other: Signer Is Representing:	
-ig.iii is i topi occitatigi	Oldrich is nebresenting:	

Lot 24, in Block O, as set forth on that certain Final Map of Sunridge Heights, Phases 7b and 9, a Planned Unit Development, recorded in the office of the Douglas County Recorded *on* September 5, 1995, in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.



STATE OF NEVADA	
DECLARATION OF VALUE	
1. Assessor Parcel Number(s)	
a)1420-07-816-020	\wedge
b)	
c)	\ \
d)	\ \
	\ \
2. Type of Property:	\ \
a) Vacant Land b) 4 Single Fam. Res.	\ \
c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
e) Apt. Bldg f) Comm'l/Ind'l	BOOK PAGE
g) Agricultural h) Mobile Home	DATE OF RECORDING:
	NOTES:
i)	- VESTIES TRUST G
• m . 11/1 /01 p	00.02
3. Total Value/Sales Price of Property:	\$\$0.00
Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value:	\$
Real Property Transfer Tax Due:	
Real Property Transfer Ture Duc.	\
4. <u>If Exemption Claimed:</u>	
a. Transfer Tax Exemption per NRS 375.090, Se	ction #7
b. Explain Reason for Exemption: Transfer out	of trust without consideration
•	
5. Partial Interest: Percentage being transferred: LO	<u>0.0(</u> %
	/ / /
The undersigned declares and acknowledges, under pe	enalty of perjury, pursuant to NRS 375.060 and NRS
375.110, that the information provided is correct to the	
supported by documentation if called upon to substant	iate the information provided herein. Furthermore, the
parties agree that disallowance of any claimed exempt	ion, or other determination of additional tax due, may
result in a penalty of 10% of the tax due plus interest a	t 1% per month.
	1 1
Pursuant to NRS 3/5.930, the Buyer and Seller shall be joint	ly and severally liable for any additional amount owed.
	Capacity Trustee - Helen Penn Trust
Signature (Capacity Hustee Helefi Francisco
Star Auri	C/it
Signature	_ Capacity
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
	` -
Print Name: Helen Penn Trust	rint Name: Robert Daniel Price
Address: 3360 Toro Way	Address: 3360 Toro Way
	City: Redding
	tate: CA Zip: 96002
COMPANY/PERSON REQUESTING RECORDING	
(required if not the seller or buyer)	
Print Name:	Escrow #
Address:	-
City:State:	Zip:
(AS A PUBLIC RECORD THIS FORM M	AY BE RECORDED/MICROFILMED)