



KAREN ELLISON, RECORDER E07

APN #: 1022-09-002-079

**Prepared By:**

Barbara Stone  
3787 Arden Way  
Wellington, Nevada  
89444

**After Recording, Return Deed and  
Mail Tax Statements To:**

Barbara Stone  
3787 Arden Way  
Wellington, Nevada  
89444

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**QUIT CLAIM DEED**

State of Nevada

Douglas County

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of Zero Dollars (\$0.00) and other good or valuable consideration, if any, in hand paid to the "Grantor(s)" known as:

John Stone and Barbara Stone, a married couple, residing at 3787 Arden Way, Wellington, Nevada, 89444.

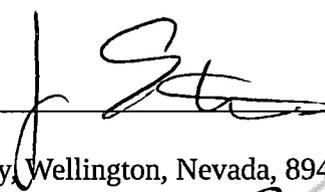
The receipt whereof is hereby acknowledged, the undersigned hereby remises, releases, and quit claims to The Stone Revocable Living Trust with Barbara Stone acting as the Trustee with a mailing address of 3787 Arden Way, Wellington, Nevada, 89444 (hereinafter the "Grantee(s)"), all the rights, title, interest, and claim in or to the following described real estate, situated in Douglas County, Nevada, to-wit:

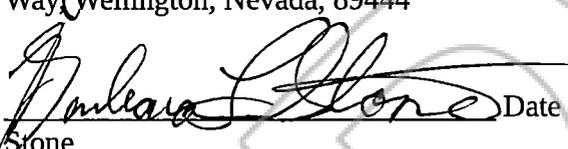
Lot 3, as shown on the map of Topaz Ranch Estates, Unit No. 3, Filed in the Office of the County Recorder, on March 31, 1969, as a Document No. 44091, Douglas County, Nevada

\* AND JOHN STONE

**TO HAVE AND TO HOLD**, all and singular the described property, together with the tenements, hereditaments, and appurtenances belonging, or in anywise appertaining thereto, unto the Grantee(s), and their heirs and assigns forever.

**IN WITNESS WHEREOF**, the Grantor(s) has duly executed this Quit Claim Deed as of October 21 2022.

**Grantor's Signature**  \_\_\_\_\_ Date October 21 2022  
**Print Name:** John Stone  
**Address:** 3787 Arden Way, Wellington, Nevada, 89444

**Grantor's Signature**  \_\_\_\_\_ Date October 21 2022  
**Print Name:** Barbara Stone  
**Address:** 3787 Arden Way, Wellington, Nevada, 89444

**NOTARY ACKNOWLEDGMENT**

State of Nevada)

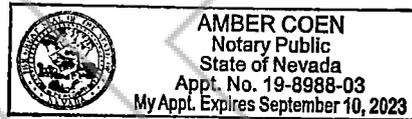
County of Douglas)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that John Stone + Barbara Stone whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 21<sup>st</sup> day of October, 2022.

Amber Coen (SEAL)  
Notary Public

My Commission Expires: 9-10-2023



**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 1022-09-002-079  
 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  
 Other

FOR RECORDERS OPTIONAL USE ONLY  
 Book \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: 10/21/22  
 Notes: Final OK [Signature]

3.a. Total Value/Sales Price of Property \$ 0.00  
 b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ ) )  
 c. Transfer Tax Value: \$ \_\_\_\_\_  
 d. 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 from married individuals to a Trust in  
which the individuals are the Trustee's of the Trust. NO CONSIDERATION

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 [Signature] Capacity: Owner  
 Signature \_\_\_\_\_ Capacity: Owner

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: John H & Barbara L Stone  
 Address: 3787 Arden Way  
 City: Wellington  
 State: NV                      Zip: 89444

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: The Stone Revocable Living Tru  
 Address: 3787 Arden Way  
 City: Wellington  
 State: NV                      Zip: 89444

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED