

RECORDING REQUESTED BY
AND WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:



Michael Tomada
P.O. Box 861
Genoa, NV 89411

KAREN ELLISON, RECORDER

E07

A.P.N.: 1319-03-201-001

QUITCLAIM DEED

The undersigned grantor(s) declare(s):

Documentary transfer tax is: \$0

- computed on full value of property conveyed, or
- computed on full value less value liens and encumbrances remaining at time of sale.
- Unincorporated area : County of Douglas
- Realty not sold.

For no consideration, MIKE TOMADA hereby QUITCLAIMS to MICHAEL G. TOMADA, trustee of the 89411 TRUST, dated December 12, 2022 the following described real property commonly known as 2560 Jacks Valley and situated in the City of Genoa, County of Douglas, and State of Nevada.

LEGAL DESCRIPTION: All that certain lot, piece or parcel of land situate in Section 3, Township 13 North, Range 19 East, M.D.B.&M., Douglas County, Nevada described as follows:

Parcel B-1, as shown on the Parcel Map for Lois B. Backlund, filed for record in the office the County Recorder, Douglas County, State of Nevada on January 3, 1990, in Book 190, Page 359, as Document No. 217574.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

12 12 2022

MIKE TOMADA

DATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

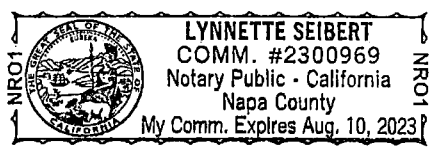
State of California)
County of Napa)

On 12/12/22 before me, Lynnette Seibert, a Notary Public, personally appeared MIKE TOMADA, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which 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.

WITNESS my hand and official seal.

Lynnette Seibert
Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1319-03-201-001
 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: <u>12/10/22</u>	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 0
 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: _____ %

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 Trustee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Mike Tomada
 Address: P.O. Box 861
 City: Gena
 State: NV Zip: 89411

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Michael G. Tomada, Trustee of
the 09411 Trust, dated December 12, 2022.
 Address: P.O. Box 861
 City: Gena
 State: NV Zip: 89411

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)