



SHAWNYNE GARREN, RECORDER E07

APN 1318-26-512-003

APN _____

APN _____

FOR RECORDER'S USE ONLY

QUITCLAIM DEED
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law. State specific law:

_____ KAREN FRANCESCOLINO Grantor
Signature Print Name & Title

_____ FRANK M. COLINO Grantor
Signature Print Name & Title

WHEN RECORDED MAIL TO:
KAREN & FRANK COLINO
PO BOX 2798
STATELINE, NV. 89449

APN: 1318-26-512-003

Recording Requested by and after

Recordation Mail this Deed to:

FRANK M. COLINO & KAREN F. COLINO
PO BOX 2798
STATELINE, NV. 89449

Grantee Address & Tax Statement to:
FRANK M. COLINO & KAREN F. COLINO
PO BOX 2798
STATELINE, NV. 89449

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

THIS INDENTURE WITNESSETH: KAREN FRANCES COLINO and FRANK M. COLINO, Wife and Husband as joint tenants, ("Grantors"), without consideration, which is hereby acknowledged, does hereby remise, release and forever quitclaim to THE FRANK M. COLINO TRUST 2023. KAREN FRANCES COLINO and FRANK M. COLINO, Trustees, ("Grantees"), all that real property situated in the City of Stateline, County of Douglas, State of Nevada, bounded and described as follows:

Lot 3, in Block A, of Kingsbury Heights Subdivision, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on August 5th, 1959, as Document No. 14738.

Commonly known as: 164 HALL CT. STATELINE NV. 89449


Karen Frances Colino
KAREN FRANCES COLINO

Frank M. Colino
FRANK M. COLINO

STATE OF NEVADA)
)ss.
COUNTY OF LYON)

On this 12th day of SEPT., 2023, before me, the undersigned Notary Public for the State of Nevada, personally appeared **KAREN FRANCES COLINO & FRANK M. COLINO.**, known to me to be the person(s) subscribed to the within and foregoing instrument, and he/she/they acknowledged to me that he/she/they executed the same.

Joell C. Rainey
NOTARY PUBLIC

 **JOELL C. RAINEY**
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 06-102182-12 - Expires January 7, 2026

**State of Nevada
Declaration of Value**

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument # _____	
Book: _____	Page: _____
Date of Recording: <u>9/15/23</u>	
Notes: <u>Grant or ~ AR</u>	

- Assessor Parcel Number(s)
 - 1318-26-512-003
 - _____
 - _____
 - _____
- Type of Property:

a) Vacant Land	B)XX 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 _____	

3. Total Value/Sales Price of Property: \$ -0-
 Deed in Lieu of Foreclosure Only (value of property) \$ N/A
 Transfer Tax Value: \$ -0-
 Real Property Transfer Tax Due: \$ -0-

- If Exemption Claimed:**
 - Transfer Tax Exemption, per NRS 375.090, Section: 7
 - Explain Reason for Exemption: A transfer of title to a trust without consideration with a certificate of trust.

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 therein. Furthermore, the 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 _____ Grantee _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: KAREN & FRANK COLINO (Trustees) Jmc
 Address: PO BOX 2798
 City: STATELINE
 State: NV Zip: 89449

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: KAREN & FRANK COLINO (Trustees)
 Address: PO BOX 2798
 City: STATELINE
 State: NV Zip: 89449

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State _____ Zip _____