

APN#: 1220-21-510-063



Recording Requested By:
Juliet D. Walker

SHAWNYNE GARREN, RECORDER E07

Return Documents To:
Juliet D. Walker
1412 Kimmerling Rd. Apt A
Gardnerville, NV 89460

Mail Tax Statements To:
Chase Escrow Dept
PO Box 78420
Phoenix, AZ 85062-8420

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 3 day of November, 2023, by the Grantor, Juliet D. Walker and Tammy J. Ortiz

whose mailing address is
1412 Kimmerling Rd, Gardnerville, NV 89460

to the Grantee,
Juliet Dale Walker and Tamara Jo Ortiz Living Trust Dated November 3, 2023

Juliet Dale Walker and Tamara Jo Ortiz trustees of

whose mailing address is
1412 Kimmerling Rd. Gardnerville, NV 89460

WITNESSETH, That the said Grantor, for good consideration and for the sum of \$ 0 paid by the said Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in Douglas County, State of Nevada, to wit:

APN#: 1220-21-510-063

Commonly known as:

Gardnerville Ranchos #6, Lot 327 File No 66512

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

Signed, sealed and delivered in presence of:

Signature *Juliet Dale Walker*
Printed Name: Juliet Dale Walker

Date: 11/03/2023
Capacity: Grantor

Signature *Tamara Jo Ortiz*
Printed Name: Tamara Jo Ortiz

Date: 11-3-2023
Capacity: Grantor

Signature _____
Printed Name: _____

Date: _____
Capacity: _____

Signature _____
Printed Name: _____

Date: _____
Capacity: _____

STATE OF NEVADA }
COUNTY OF Douglas }

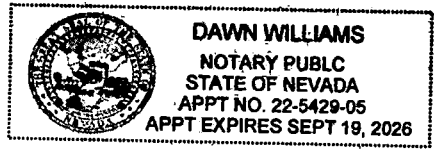
On November 3, 2023 before me, Dawn Williams, personally appeared Juliet Dale Walker & Tamara Jo Ortiz

personally known to me (or 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.

WITNESS my hand and official seal.

[SEAL]

Signature *Dawn Williams*



Affiant: Known Unknown

ID Produced: Nevada DL

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1220-21-510-063
 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: <u>Juliet Trust - A</u>	

3. Total Value/Sales Price of Property: \$ _____
 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: 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 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 Juliet Dale Walker Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Tamara Jo Ortiz
Juliet Dale Walker
 Address: 1412 Kimmerling Rd
 City: Gardnerville
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Juliet Dale Walker and Tamara Jo
Ortiz Trust
 Address: _____
 City: Same
 State: _____ Zip: _____

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)