

APN# 1318-09-810-118

1318-09-810-119

Recording Requested by/Mail to:



SHAWNYNE GARREN, RECORDER

E03

Name: ERIC Futtner TEE

Address: 123 N Yale Avenue

City/State/Zip: Fulleton, CA, 92831

Mail Tax Statements to:

Name: Same

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Quit Claim Deed

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Quitclaim Deed

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$.....Exempt <sup>13</sup>

( ) computed on full value of property conveyed, or

( ) computed on full value less value of liens and encumbrances remaining at time of sale.

() Unincorporated area: ( ) City of....., and

() Realty not sold.

In consideration of \$ 10.00, receipt of which is acknowledged THOMA C. NICOLLS, TRUST

do es hereby quitclaim to THOMA C. NICOLLS, As Trustee under a Declaration of Trust dated April 30, 1987, executed by THOMA C. NICOLLS as Trustor and as original Trustee. the real property in the

County of DOUGLAS State of Nevada, described as:

Lot 6 and Lot 7 in Block H as delineated on that certain map entitled "Amended Map of Subdivision No.2 Zephyr Cove Properties, Inc. in Sections 9 and 10, T.13 N.R. 18E." which was filed for record August 5, 1929 in the office of the County Recorder of Douglas County, Nevada. This subdivision is sometimes called "Marla Bay".

Witness my hand this 27<sup>th</sup> day of MAY, 2005 1905

STATE OF NEVADA, } SS.  
COUNTY OF DOUGLAS }  
On MAY 27<sup>th</sup>, 2005 personally  
appeared before me, a Notary Public,  
THOMA C. NICOLLS \*\*\*

Thoma C. Nicolls  
THOMA C. NICOLLS

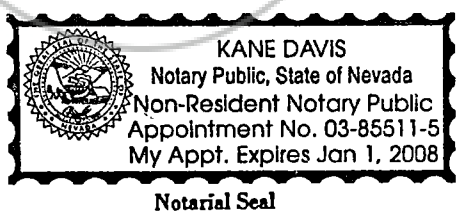
who acknowledged that she executed the above instrument.

Signature [Signature]  
(Notary Public)

→ If executed by a Corporation the Corporation Form of Acknowledgment must be used.

Escrow No. \_\_\_\_\_

SPACE BELOW THIS LINE FOR RECORDER'S USE



THIS FORM FURNISHED BY NORTHERN NEVADA TITLE COMPANY

WHEN RECORDED MAIL TO  
Thoma C. Nicolls, et al  
Name  
Street Address P.O. Box 10464  
City & State Zephyr Cove, Nevada 89448

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1318-09-810-119  
 b) 1318-09-810-118  
 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: _____	

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 # 3  
 b. Explain Reason for Exemption: mis designation of Trust  
by TRUSTEE as owner, April 30, 1987

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 Thomas C Nicolls Capacity TRUSTEE - Trustee

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Thomas C Nicolls Trust  
 Address: 123 N Yale Avenue  
 City: Fullerton  
 State: CA Zip: 92831

Print Name: Thomas C Nicolls Trustee  
 Address: same  
 City: \_\_\_\_\_  
 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)