

PLEASE USE THE SPACE BELOW FOR THE COUNTY RECORD



00181467202410080280060061

SHAWNYNE GARREN, RECORDER

E07

This instrument was prepared by:

Name: Deborah Larsen

Address: 2366 36th St. Washougal, WA 98671

After recording, mail document  
and tax statements to:

Name: Lance Larsen and Megan Larsen

Address: 2975 San Mateo Dr., Minden, NV 89423

1420-28-110-637

### QUITCLAIM DEED

This Quitclaim Deed (the "Deed") is made effective this 2/15/2024 (the "Effective Date") between the following Grantor(s) (the "Grantor"): Deborah Larsen for Keep Smiling Trust

*Trustee*

(Check one)  an individual  a married individual  a married couple  a corporation  a limited liability company  a partnership  a trust  individuals whose mailing address(es) is/are \_\_\_\_\_  
2366 36th St. Washougal, WA 98671

And the following Grantee(s) (the "Grantee"): Lance Gunnar Larsen and Megan Larsen

(Check one)  an individual  a married individual  a married couple  a corporation  a limited liability company  a partnership  a trust  individuals whose mailing address(es) is/are \_\_\_\_\_  
2975 San Mateo Dr., Minden, NV 89423

WITNESSETH, that the Grantor, for and in consideration of the sum of \$ 1.00 (United States Dollars) and other good and valuable consideration, to it in hand paid by Grantee, the receipt whereof is



hereby acknowledged, does hereby quitclaim, convey and release unto Grantee all interest Grantor has, if any, in the real property (the "Property") located in ( an unincorporated area in) Douglas County, NV [State], and more particularly described as follows: Lot 102 Block C shown on map #98-045-3 of Saratoga Springs Estates UNIT No.3 a Planned Unit filed in Douglas Co. June 23,1998 . [Legal description of Property]

Document # 442616

The Property will be held as: (Check one)

- Sole ownership
- Joint tenancy
- Tenancy in common
- Tenancy by the entirety

SUBJECT to the following: \_\_\_\_\_ [Exceptions].

Homestead (Check one)

- The Property is the homestead of the Grantor.
- The Property is NOT the homestead of the Grantor.
- Not applicable

TO HAVE AND TO HOLD unto said Grantee, its successors and assigns, forever.

Transfer Tax (Check one)

- Grantor declares that the documentary transfer tax is \$ \_\_\_\_\_, computed on the full consideration or value of property conveyed.
- Grantor declares that the transfer is EXEMPT from any documentary transfer taxes.

EXECUTED this 15th day of February, 2004.

*DL*  
2004

Deborah Larsen  
Grantor Signature

Deborah Larsen - Keep Smiling Trust  
Grantor Name

Grantor Signature  Check here if spouse

Grantor Name  Check here if spouse

Grantee Signature

Grantee Name

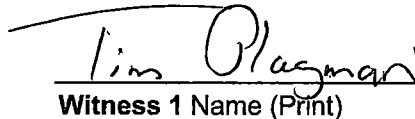


Grantee Signature  Check here if spouse

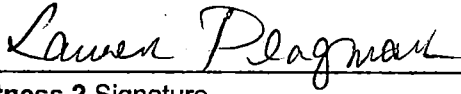
Grantee Name  Check here if spouse




Witness 1 Signature



Witness 1 Name (Print)



Witness 2 Signature



Witness 2 Name (Print)



**RELEASE OF DOWER**

(If spouse is not a Grantor)

In consideration of the sum paid above and other good and valuable consideration, to it in hand paid by Grantee, the receipt whereof is hereby acknowledged, I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, spouse of \_\_\_\_\_, do hereby waive and release all homestead, dower, curtesy, community property and any other rights, title or interest in the above Property.

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**Spouse's Signature**

COPY




**ACKNOWLEDGEMENT OF NOTARY PUBLIC**

STATE OF Washington

COUNTY OF Clark

On this day, personally appeared before me, Deborah Larsen, to me known to be the person(s) described in and who executed the within instrument, and acknowledged that they signed the same as their voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed on this 16<sup>th</sup> day of February, 20 24.

  
\_\_\_\_\_  
Notary's Public Signature

**NOTARY PUBLIC  
STATE OF WASHINGTON  
ANDREW KYU KIM  
MY COMMISSION EXPIRES  
JUNE 01, 2027  
COMMISSION # 23014112**

(Date) June 01, 2027  
My Commission Expires



# STATE OF NEVADA DECLARATION OF VALUE

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: Verifical Trust - P

**1. Assessor Parcel Number (s)**  
 (a) 1420-28-110-037  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

**2. Type of Property:**

a) <input type="checkbox"/> Vacant Land	b) <input checked="" type="checkbox"/> Single Fam Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg.	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> Other	

**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: From 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 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 \_\_\_\_\_ Capacity Grantee

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

**SELLER (GRANTOR) INFORMATION**  
 (REQUIRED)

Print Name: Deborah Larsen

Address: 2366 36th St.

City: Washougal

State: WA Zip: 98768  
98671

**BUYER (GRANTEE) INFORMATION**  
 (REQUIRED)

Print Name: Lance Larsen

Address: 2975 San Mateo Dr.

City: Minchen

State: NV Zip: 89423

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

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

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