

APN# 1318-22-002-055



Recording Requested by/Mail to:

Name: Michael E Kiger

Address: PO Box 854

City/State/Zip: Zephyr Cove, NV 89448

SHAWNYNE GARREN, RECORDER

E07

Mail Tax Statements to:

Name: Michael E Kiger

Address: PO Box 854

City/State/Zip: Zephyr Cove, NV 89448

Quit Claim Deed

~~Michael E Kiger~~

Title of Document (required)

Please complete the Affirmation Statement below:

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)  Military Discharge – NRS 419.020 (2)  
 Other NRS \_\_\_\_\_ (state specific law)

-OR-

If the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

~~Michael E Kiger~~ ✓  
Signature

Michael E Kiger  
Printed Name

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



STATE OF NEVADA  
COUNTY OF DOUGLAS

)  
) SS.  
)

The foregoing Quit Claim Deed was acknowledged before me on May 24, 2024 by Mr. Michael E Kiger, who is personally known to me or who has produced a valid driver's license and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

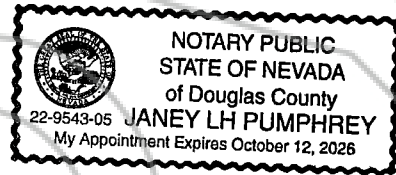
IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

Janey L H Pumphrey  
(Signature of Notary)

Janey L H Pumphrey  
(Printed Notary Name) Douglas, Nevada

My Commission expires: Oct 12, 2026



COPIES

# STATE OF NEVADA DECLARATION OF VALUE

**FOR RECORDERS OPTIONAL USE ONLY**

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

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

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

Notes: Verified Trust - JF

**1. Assessor Parcel Number (s)**

- (a) 1318-22-055
- (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

**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: TRANSFERRED INTO 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 [Signature] Capacity Owner  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)  
 Print Name: Michael  
 Address: P.O. Box 854  
 City: Zephyr Cove  
 State: NV Zip: 89448

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: Michael E. Kiger  
 Address: REVOCABLE TRUST  
 City: SAME  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_