

Prepared By:
Elaine Shumway
PO Box 175
Alamo, NV 89001



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OFFICIAL RECORD
AMY ELMER, RECORDER

E03

QUITCLAIM DEED

On July 28th, 2020, THE GRANTOR, Elaine Shumway, an unmarried individual, does enter into this agreement.

The Grantor, for and in consideration of the sum of \$10.00 (ten dollars) and/or other good and valuable consideration, conveys, releases, and quitclaims to the following GRANTEES property described by this Deed:

--Brian Gabriel Gardner and Marcia Beth Gardner, a married couple

The Grantor quitclaims the following described real estate, situated at the following address:

-- Corner lot of First West Street and Second South Street
Alamo, NV 89001

The property being quitclaimed has the following legal description:

N 89° 46'20" E (180.00') N11° 43'55" E (215.14') N89°35'19" E (127.94')

N 00° 55'19" W (210.91')

District: 04.0

Roll Number 133719

Property Location: Alamo, NV

The property being quitclaimed has the following tax parcel number:

-- 004-114-02

Future tax statements should be mailed to the following address:

-- Brian Gabriel Gardner
7308 Hospitality Pl
Las Vegas, NV 89131

The Grantor does hereby convey, release, and quitclaim all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantees, and to the Grantees heirs and assigns forever, so that neither Grantor nor Grantor's heirs, legal representatives or assigns shall have, claim, or demand any right or title to the property, premises, or appurtenances, or any part thereof.

GRANTOR SIGNATURES:

Elaine Shumway

Elaine Shumway
PO Box 175
Alamo NV 89001

July 28, 2020
Date

STATE OF Nevada COUNTY OF Lincoln

On this 28th day of July, 2020, before me, Robin E. Simmers, personally appeared Elaine Shumway known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same as for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Robin E. Simmers
Notary Public

notary
Title

My commission expires: 11-6-2020



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 004-114-02
 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
 Other _____

| | |
|----------------------------------|-------------|
| FOR RECORDER'S 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: Correcting legal description Doc # 2020-158858
 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 Elaine Shumway Capacity Seller (Grantor)

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Elaine Shumway
 Address: PO Box 175
 City: Alamo
 State: Nevada Zip: 89001

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Brian Gabriel Marcia Beth Gardner
 Address: 7308 Hospitality Place
 City: Las Vegas
 State: Nevada Zip: 89131

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____