

DOC # 0227229

04/16/2014

01:33 PM

Official Record

Recording requested By
LINDA A BOWMAN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: AP

Book- 564 Page- 0322



0227229

APN: 003-241-02

**Mail Tax Statement &
After Recording Return to:**

GLEN E. BARTLETT &
LAURIE H. BARTLETT,
Trustees
P.O. Box 5246
Incline Village, Nevada 89450

QUITCLAIM DEED

THIS INDENTURE, made and entered into this 10th day of April, 2014, by and between GLEN BARTLETT, of Incline Village, Washoe County, Nevada ("Grantor"), and GLEN E. BARTLETT and LAURIE H. BARTLETT, Trustees of the GLEN and LAURIE BARTLETT REVOCABLE TRUST dated September 6, 2013, whose address is P.O. Box 5246, Incline Village, Nevada 89450 ("Grantees").

W I T N E S S E T H :

That the said Grantor, without consideration, do by these presents, REMISE, RELEASE AND FOREVER QUITCLAIM all of Grantor's right, title and interest unto the Grantees and to their heirs and assigns, in that certain real property situate in the County of Eureka, State of Nevada, more particularly described as:

Lot 2, Block Y, NEVELCO INC., UNIT #2

APN: 003-241-02


TOGETHER WITH all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or

profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said Grantees, and to their assigns forever.

IN WITNESS WHEREOF, the Grantor has caused this conveyance to be executed the day and year first above written.

GRANTOR:

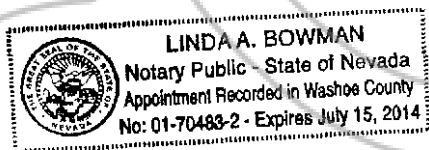


GLEN BARTLETT

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 10th day of April, 2014, personally appeared before me, a Notary Public, GLEN BARTLETT, known to me or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this Quitclaim Deed, and acknowledged to me that he executed the same.

WITNESS my hand and official seal.




NOTARY PUBLIC

**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-227229

04.16.2014

3:33 PM

Official Record

1. Assessor Parcel Number (s)

- a) 003-241-02
b) _____
c) _____
d) _____

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2. Type of Property:

- | | |
|--|---|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input 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/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> Other | |

Page 1 of 1 Fee \$15.00
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3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 7
b. Explain Reason for Exemption:
Transfer of title to Trust without consideration. Certificate of Trust is presented at the time of transfer.

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 Grantor
Signature _____ Capacity Grantee

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Glen Bartlett
Address: P.O. Box 5245
City: Incline Village
State: NV Zip: 89450

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Glen & Laurie Bartlett, Trustees
Address: P.O. Box 5245
City: Incline Village
State: NV Zip: 89450

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Linda A. Bowman, Esq. Escrow # n/a
Address: P.O. Box 10306
City: Reno State: NV Zip: 89510

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)