



# ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of SISKIYOU }

On JUNE 9 2015 before me, LYNNE BIRIMISA, NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared CHERYL STALLINGS WIMPEY,  
 who proved to me on the basis of satisfactory evidence to be the person(s) whose  
 name(s) is/are subscribed to the within instrument and acknowledged to me that  
~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by  
~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of  
 which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that  
 the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Lynne Birimisa  
 Notary Public Signature

(Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT  
QUIT CLAIM DEED  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 6-9-2015

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)  
 Corporate Officer  
 \_\_\_\_\_  
(Title)
- Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.



STATE OF NEVADA  
DECLARATION OF VALUE FORM

DOC # DV-229558

06/15/2015 08:28 AM

Official Record

1. Assessor Parcel Number(s)  
a) 005-090-30  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

Recording requested by  
CHERYL STALLINGS WIMPEY

Eureka County - NV

Sara Simmons - Recorder

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 \_\_\_\_\_

Page 1 of 1      Fee: \$40.00  
Recorded By: LH      RPTT: \$31.20  
Book-579      Page-0250

Date of Recording: \_\_\_\_\_  
Notes: Verified Guardianship

3. Total Value/Sales Price of Property \$ 7,920  
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 \_\_\_\_\_  
b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: 100 %  
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 Cheryl S. Wimpey / guardian-grantor Capacity Guardian for ward  
Signature \_\_\_\_\_ Capacity Warren D. Stallings / Grantor

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
Print Name: Warren D. Stallings  
Address: P.O. Box 672  
City: Mt. Shasta  
State: CA Zip: 96067

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
Print Name: Cheryl S. Wimpey  
Address: P.O. Box 672  
City: Mt. Shasta  
State: CA Zip: 96067

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