

DOC # 0231306

05/03/2016 01:36 PM

Official Record

Recording requested By
ROBERT J WINES

Eureka County - NV

Sara Simmons - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LH

Book- 590 Page- 0291

APN 005-060-04
Send Tax Statement to
Lee R. May
5051 Holly Drive
Shingle Springs CA 95682



0231306

Above Space Reserved for Recording

(If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.)

Quitclaim Deed

Date of this Document: Oct. 26, 2015

Reference Number of Any Related Documents: _____

Grantor:

Name Joan E. Crumley (formerly Joan E. May)
Street Address 3580 Sundance Trail
City/State/Zip Placerville CA 95667

Grantee:

Name Lee R. May
Street Address 5051 Holly Drive
City/State/Zip Shingle Springs CA 95682

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): T31N, R48E SEC. 25 E2NE4

Assessor's Property Tax Parcel/Account Number(s): 005-060-04

THIS QUITCLAIM DEED, executed this 26 day of Oct,
2015, by first party, Grantor, Joan E. Crumley, whose
mailing address is 3580 Sundance Trail, Placerville CA 95667, to
second party, Grantee, Lee R. May,
whose mailing address is 5051 Holly Drive Shingle Springs CA 95682.

WITNESSETH that the said first party, for good consideration and for the sum of TEN
Dollars (\$ 10.00) paid by the said second party, the receipt whereof is hereby acknowledged,
does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Eureka, State of Nevada

to wit: The EAST HALF (E-1/2) of the NORTHEAST QUARTER (NE-1/4) OF SECTION 25, TOWNSHIP 31 NORTH, RANGE 48 EAST, M.D.B. & M. TOGETHER WITH ALL RIGHTS ASSOCIATED WITH AND TOGETHER WITH ALL BUILDINGS AND IMPROVEMENTS.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____

Print Name of Witness _____

Signature of Witness _____

Print Name of Witness _____

Signature of Grantor Joan E. Crumley

Print Name of Grantor Joan E. Crumley

State of _____)

County of _____)

On _____, before me, _____, appeared _____, personally known to me (or 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.

WITNESS my hand and official seal.

Signature of Notary _____

Affiant _____ Known _____ Produced ID _____

Type of ID CADL

(Seal)

See attached acknowledgment

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 El Dorado)

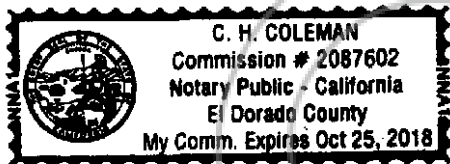
On 10/26/15 before me, CH Coleman Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Jane Crumley
Name(s) of Signer(s)

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.



Signature C. H. Coleman
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quit Claim Deed Document Date: 10/26/15
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-231306
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Page 1 of 1 Fee: \$16.00
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1. Assessor Parcel Number (s)

- a) 005-060-04
- b) _____
- c) _____
- d) _____

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'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

Notes:
Verified Divorce
CJA

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: 6
- b. Explain Reason for Exemption: transfer of title in compliance with divorce decree

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 Robert J. Wines Capacity Attorney
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: Joan E. Crumley
Address: 3580 Sundance Trail
City: Placerville
State: CA Zip: 95667

(REQUIRED)
Print Name: Lee R. May
Address: 5051 Holly Drive
City: Shingle Springs
State: CA Zip: 95682

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
Print Name: Robert J. Wines, Prof. Corp. Escrow # _____
Address: 687 6th Street, Suite 1
City: Elko State: NV Zip: 89801