

APN#: _____

Recording Requested By:

Return Documents To:

Mail Tax Statements To:

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this ____ day of _____, 20____, by the Grantor, _____

whose mailing address is _____

to the Grantee, _____

whose mailing address is _____.

WITNESSETH, That the said Grantor, for good consideration and for the sum of \$_____ paid by the said Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in _____ County, State of Nevada, to wit:

APN#: _____

Commonly known as:

IN WITNESS WHEREOF, The said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

Signature _____
Printed Name: _____

Date: _____
Capacity: _____

Signature _____
Printed Name: _____

Date: _____
Capacity: _____

Signature _____
Printed Name: _____

Date: _____
Capacity: _____

Signature _____
Printed Name: _____

Date: _____
Capacity: _____

STATE OF NEVADA }
COUNTY OF _____ }

On _____ before me, _____, personally 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.

[SEAL]

Signature

Affiant: _____ Known _____ Unknown

ID Produced: _____