

# Deeds.com

**Your Deed Is Our  
Passion.**



## RECORDING COVER PAGE

Must be typed or printed clearly in black ink only.

**APN#** \_\_\_\_\_

11 digit Assessor's Parcel Number may be obtained at:  
<http://redrock.co.clark.nv.us/assrealprop/owner.aspx>

**TITLE OF DOCUMENT (DO NOT Abbreviate)**

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Title of the Document on cover page must be **EXACTLY** as it appears on the first page of the document to be recorded.

**Recording requested by:**

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**Return to:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly—do not use page scaling.

P:\Recorder\Forms 12\_2010

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 the County of Clark, 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 aaaaaaaaaaaaaaaaaaaaaaa }  
COUNTY OF aaaaaaaaaaaaaaaaaaaaaaa" }

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: \_\_\_\_\_