APN: 178-06-412-010
Recording requested by and mail documents and tax statements to:

Name: Kyleen E. Cane

Address: 15 Quail Hollow Drive

City/State/Zip: Henderson, NV 89014

20040519-0004721
Fee: $14.00 RPTT: EX#403
05/19/2004 14:16:05 T20040025332
Req: KYLEEN E CANE
Frances Deane
Clark County Recorder Pgs: 2

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**RPTT: 403** **QUITCLAIM DEED**

**THIS INDENTURE WITNESS That the Grantor(s): Michael A. Cane for and in consideration of ZERO Dollars ($ 0.00 ) do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(s): Kyleen E. Cane all that real property situated in the City of Henderson, County of Clark, State of Nevada, bounded and described as follows:**

**Parcel #:** **178-06-412-010**

**Quail Ridge Est. Unit #2**
**Plat Book 26, Page 34**
**Lot 53, Block 4**

**Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.**

**Said QUITCLAIM is being submitted for purposes of correcting name on deed to this property due to a court ordered change of name from Michael A. Cane to Kyleen E. Cane.**

**IN WITNESS WHEREOF, I have ~~hereunto~~ set my hand on 18th day of May, 2004.**

Michael A. Cane
**Signature of Grantor**
Michael A. Cane
**Print or Type Name Here**

**Signature of Grantor**

**Print or Type Name Here**

**STATE OF** Nevada )
**COUNTY OF** Clark )

**On this** 18th **day of** May **, 2004, personally appeared before me, a Notary Public** Michael A. Cane / Kyleen E. Cane **Personally known to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed this instrument. Witness my hand and official seal.**

Carolyne S. Johnson
**Notary Public**
**My commission expires:** 11/5/05

Notary Public - State of Nevada
County of Clark
CAROLYNE S. JOHNSON
My Appointment Expires
November 5, 2005
No: 97-4746-1

**STATE OF NEVADA**
**DECLARATION OF VALUE**

1. Assessor Parcel Number:
   a. 178-06-412-010

2. Type of Property:
   a. **Single Family Residence**

**FOR RECORDERS USE ONLY**
Document/Instrument #:_____
Book_____ Page_____
Date of Recording:_____
Notes:

3. Total Value/Sales Price of Property $_____
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 403
   b. Explain reason for exemption: **COURT ORDERED NAME CHANGE**

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 Michael A. Cane Capacity GRANTOR

Signature Kyleen E. Cane Capacity GRANTEE

| Seller (GRANTOR) INFORMATION (Required) | BUYER (GRANTEE) INFORMATION (Required) |
|---|---|
| Michael A. Cane | Kyleen E. Cane |
| Print Name | Print Name |
| 15 Quail Hollow DR. | 15 Quail Hollow DR. |
| Address | Address |
| Henderson | Henderson |
| City | City |
| Nevada 89014 | Nevada 89014 |
| State | State |

N/A
Company's/Person Name

Escrow #:_____

Address City State Zip