

43

Assessor's Parcel Number: PTN 1319-30-519-015

Recording Requested By:

✓ Name: ANA LUISA PIEROPAN

Address: 8055 SW 184 TERRACE

City/State/Zip MIAMI FL 33157

Real Property Transfer Tax: \$3

DOC # 0694628
02/08/2007 11:01 AM Deputy: CF
OFFICIAL RECORD
Requested By:
ANA LUISA PEIROPAN

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 5 Fee: 43.00
BK-0207 PG-02481 RPTT: # 3



QUITCLAIM DEED

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

Assessor's Parcel
Number of the Property: 1319-30-519-015

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-Nevada

Date of this Document: 2/05/2007

Reference Number of Any Related Documents: Ridge View # 50-015-05-01

Grantor:

Name Ana Luisa Frigerio
Bridges
Street Address 8055 SW 184th Terrace
City/State/Zip Miami, FL 33157

Grantee:


Name Ana Luisa Frigerio
Pieropan
Street Address 8055 SW 184th Terrace
City/State/Zip Miami, FL 33157

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): The Ridge View One Bedroom, Summer Season, Week #50-015-05-01, Stateline, NV 89449

Assessor's Property Tax Parcel/Account Number(s): PTN 1319-30-519-015

THIS QUITCLAIM DEED, executed this 5th day of February, 2007, by first party, Grantor, Ana Luisa Frigerio Bridges, whose post office address is 8055 SW 184th Terrace, to second party, Grantee, Ana Luisa Frigerio Pieropan, whose post office address is 8055 SW 184th Terrace.

WITNESSETH: That Grantor, for good consideration and for the sum of 0 Dollars (\$0) paid by Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto Grantee forever, all the right, title, interest and claim which Grantor has in and to


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PG- 2482

the following described real property, and improvements and appurtenances thereto in the County of Douglas, State of Nevada.

(or)

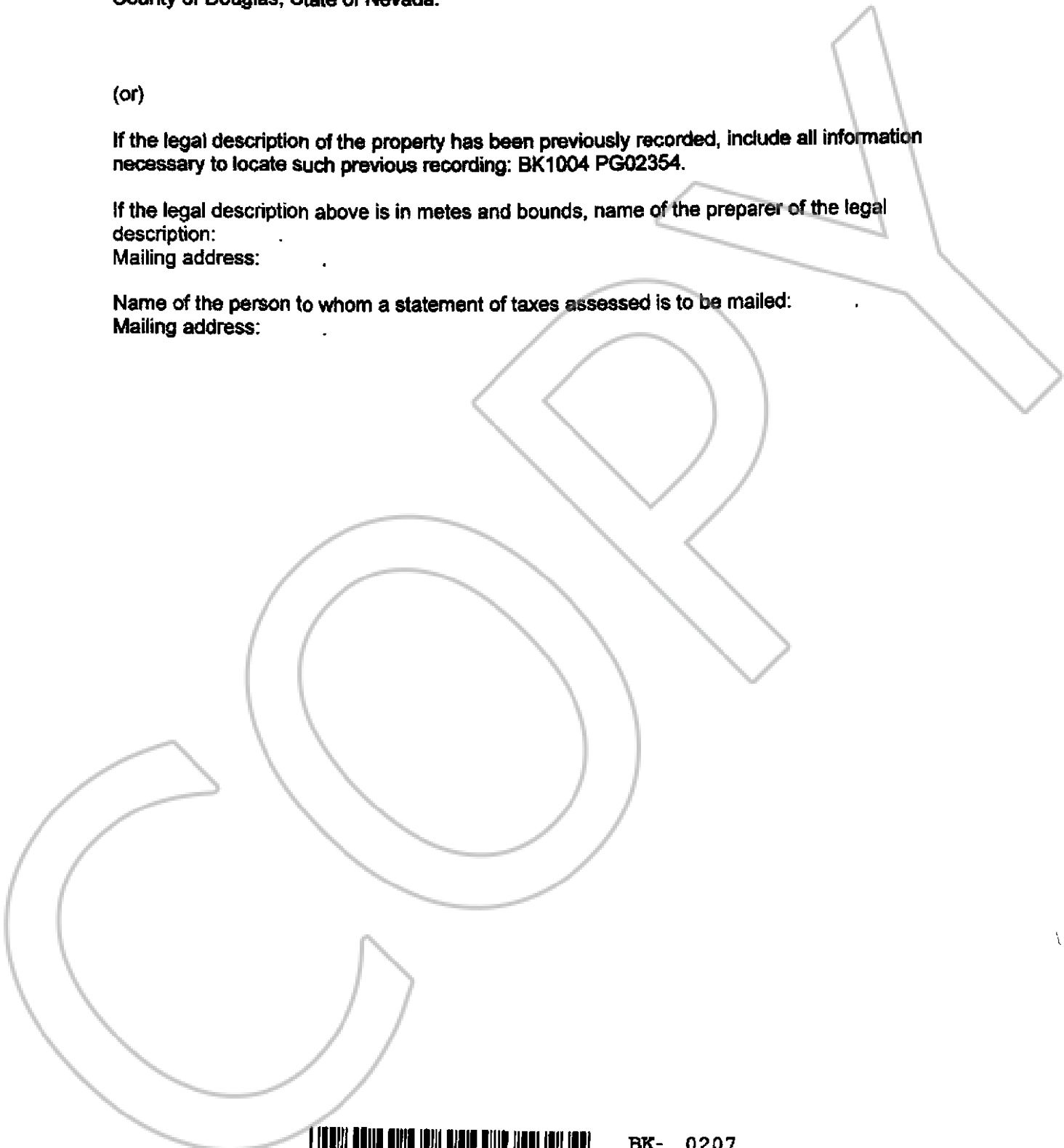
If the legal description of the property has been previously recorded, include all information necessary to locate such previous recording: BK1004 PG02354.

If the legal description above is in metes and bounds, name of the preparer of the legal description:

Mailing address:

Name of the person to whom a statement of taxes assessed is to be mailed:

Mailing address:



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

Signature of Witness:

Wilmarie Rosa

Print Name of Witness:

Wilmarie Rosa

Signature of Witness:

Kathleen D. Holmes

Print Name of Witness:

KATHLEEN D. HOLMES

Signature of Grantor:

Ana Luisa Frigerio

Print Name of Grantor:

ANA LUISA FRIGERIO BRIDGES

Signature of Grantee:

Ana Luisa Frigerio Pieropan

Print Name of Grantee:

ANALUISA FRIGERIO PIEROPAN

Signature of Preparer:

Ana Luisa Frigerio Pieropan

Print Name of Preparer:

ANA LUISA FRIGERIO PIEROPAN

Address of Preparer:

8055 SW 184 TERRACE, MIAMI, FL 33177

State of: ~~Nevada~~ Florida

County of: Miami-Dade

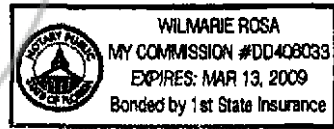
On 2/5/07 before me, *Wilmarie Rosa*, appeared ^{Ana Luisa Frigerio Pieropan} personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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:

Wilmarie Rosa

Affiant: _____ Known _____ Produced ID
Type of ID: FL Dr. Lic. [Redacted] 901-0
Title and Rank: Notary Public
(Seal)



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02/08/2007

Department of Health - Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

STATE OF FLORIDA, COUNTY OF BROWARD
 JUN 14 2005
 BY *Mosha Stahle Mraz*

2005-012722

BK/PG: 426/1204

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) NICHELE NMN PIEROPAN			2. DATE OF BIRTH (Month, Day, Year) JUNE 11, 1963		
3a. RESIDENCE - CITY, TOWN, OR LOCATION WESTON		3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) ITALY	
5a. BRIDE'S NAME (First, Middle, Last) ANA LUISA FRIGERIO BRIDGES			5b. MAIDEN SURNAME (If different) FRIGERIO		6. DATE OF BIRTH (Month, Day, Year) NOV 01, 1969
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		7b. COUNTY DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) BRAZIL	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>NICHELE PIEROPAN</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 03, 2005
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Ana Luisa Frigerio Bridges</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 03, 2005
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED JUNE 03, 2005	19a. DATE LICENSE EFFECTIVE JUNE 06, 2005	19. EXPIRATION DATE AUG 01, 2005
20a. SIGNATURE OF COURT CLERK OR JUDGE HARVEY RUVIN, CLERK		20b. TITLE BY D.C.:	20c. BY, D.C. <i>[Signature]</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) June 11, 2005	22. CITY, TOWN, OR LOCATION OF MARRIAGE Miami
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 10251 SW 136th Miami, FL 33176
23b. NAME AND ADDRESS OF PERSON PERFORMING CEREMONY Mosha Stahle Mraz Notary Public - State of Florida My Commission Expires July 3, 2007 Commission # 00190647 Bonded By National Notary Assn.	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	26. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

28. SOCIAL SECURITY NUMBER 3149	27. RACE WHITE	29. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c 29a. NO. OF THIS MARRIAGE 01	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
30. SOCIAL SECURITY NUMBER 5330	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c 33a. NO. OF THIS MARRIAGE 02	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DEATH	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) MAY 16, 2002