A.P.N.: File No:

1420-28-601-038 143-2467704 (Rt)

When Recorded Return To: Mail Tax Statements To: Scott Hutras 2447 Mt Como Rd Gardnerville, Nv. 89410

R.P.T.T.: \$ **Ø**

07/10/2014 10:41AM Deputy: SG OFFICIAL RECORD Requested By: First American Title Mindel Douglas County - NV Karen Ellison - Recorder Page: 1 of 3 Fee: \$41.00 BK-714 PG-1958 RPTT: EX#005

845939

DOC #

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Deborah Hutras, spouse of Grantee

do(es) hereby RELEASE AND FOREVER QUITCLAIM to

Scott Hutras , a married man as his sole and seperate property

all the right, title, and interest of the undersigned in and to the real property situate in the County of **Douglas**, State of **Nevada**, described as follows:

PARCEL 45 AS SHOWN ON PARCEL MAP NO. LDA 00-007 FOR DNS VENTURES LTD., FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON OCTOBER 24, 2000, FILE NO. 501926.

The purpose of this Quitclaim document is to relinquish any possible community interest that grantor may have or may acquire in the future.

Deborah Z. Hutras 7/7/14

Deborah Hutras

Date

Date

BK 714 PG-1959 845939 Page: 2 of 3 07/10/2014

•	. /	
A.P.N.: 1420-28-601- 038	Quitclaim Deed continued	File No: 143-2467704 (Rt)
STATE OF NEVADA		, \
COUNTY OF DOUGLAS	iss.	
This instrument was acknowled by	dged before me on	
(My commission expires:	olic \(\int \alpha \)	
		,

Page 2

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

BK 714 PG-1960

acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

Indicate the capacity claimed by the signer. If the claimed capacity is a

State of California	
County of San Luis Olinge	845939 Page: 3 of 3 07/10/2014
On July 7, 2014 before me, 5. 9 personally appeared	Fowler International Fables, (Here insert name and title of the officer)
the within instrument and acknowledged to me t	idence to be the person(s) whose name(s) is/are subscribed to hat-he/she/they executed the same in-his/her/their authorized on the instrument the person(s), or the entity upon behalf of int.
I certify under PENALTY OF PERJURY under t is true and correct.	he laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.	S. FOWLER Commission # 1978155 Notary Public - California San Luis Obispo County
Signature of Notary Public	(Notary Seal) My Comm. Expires Jun 10, 2016
ADDITIONAL O	PTIONAL INFORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT Cital and lead (Title or description of attached document) (Title or description of attached document continued)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pagesl Document Date	State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the calculated and the signer of the same later.
(Additional information)	 must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.

 \Box Trustee(s)

☐ Other