

APN: 1320-02-001-105

R.P.T.T.: \$0.00

Exempt: (7)

Recording Requested By:

Ari T. Makinen
2584 Mackay Way
Minden, NV 89423

After Recording Mail To:

Ari and Kristina Makinen
2584 Mackay Way
Minden, NV 89423

Send Subsequent Tax Bills To:

Ari and Kristina Makinen
2584 Mackay Way
Minden, NV 89423

QUITCLAIM DEED

TITLE OF DOCUMENT

56276789-4705187

THIS INDENTURE WITNESSETH THAT, **Ari T. Makinen and Kristina J. Makinen, husband and wife, as joint tenants with right of survivorship**, FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, do(es) hereby REMISE, RELEASE AND FOREVER QUITCLAIM to **Ari T. Makinen and Kristina J. Makinen, as Trustees of the Intervivos Revocable Trust of Ari T. Makinen and Kristina J. Makinen, dated June 17, 1992**, whose address is 2584 Mackay Way, Minden, Nevada 89423,

ALL that real property situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

LOT 34 OF PIONEER HEIGHTS SUBDIVISION UNIT NO. 1, ACCORDING TO THE MAP THEREOF FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY STATE OF NEVADA ON MARCH 13, 1961 AS DOCUMENT NO. 17360

Per NRS 111.312 - The Legal Description appeared previously in **Quitclaim Deed**, recorded on _____, as Book _____, Page _____, Document No. _____ in Douglas County Records, Douglas County, Nevada.

MORE commonly known as: **2584 Mackay Way, Minden, Nevada 89423**

Subject To: Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS my/our hands, this 18 day of Oct, 2014.

[Signature]

Ari T. Makinen

[Signature]
Kristina J. Makinen

STATE OF _____)

ss

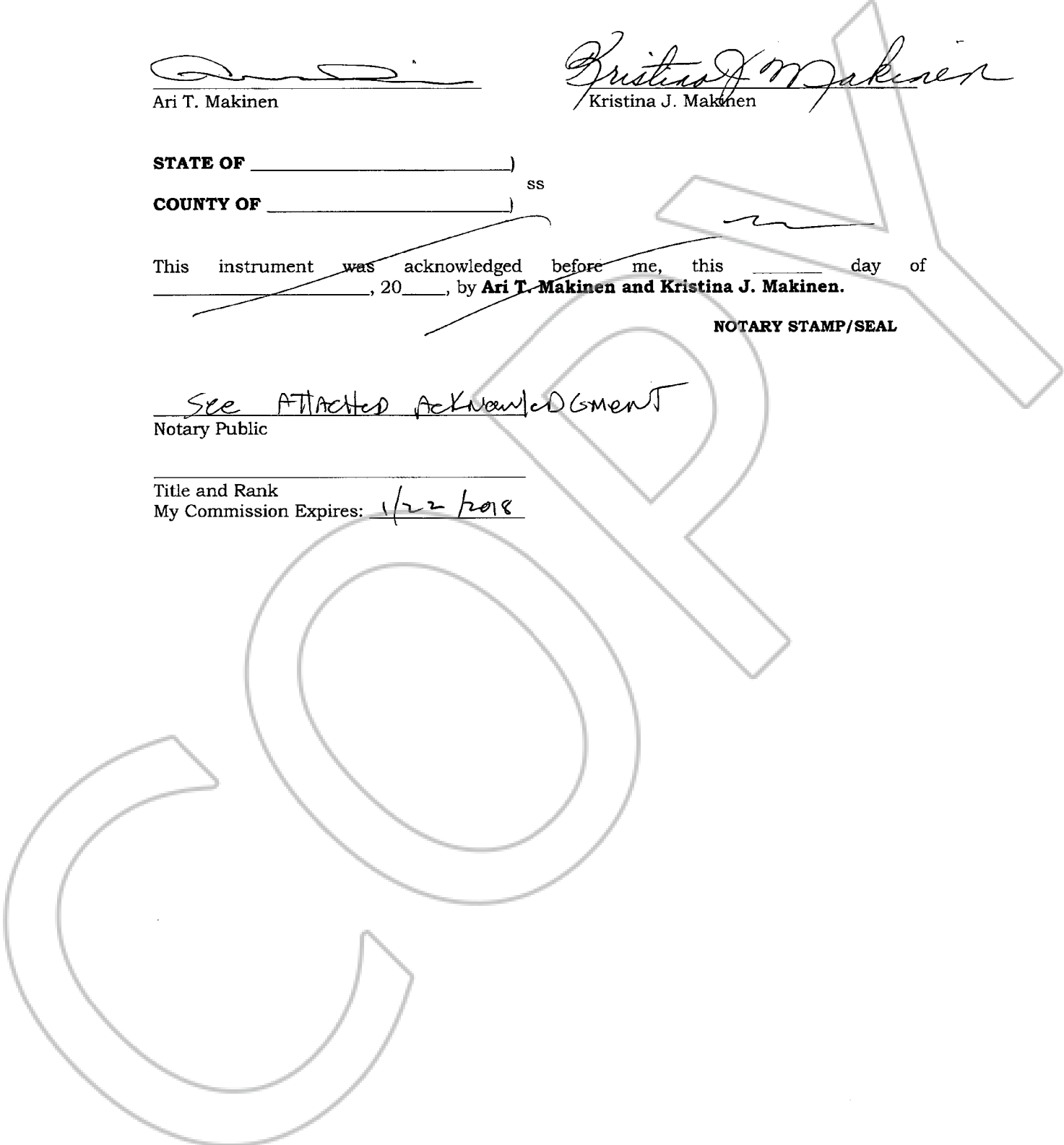
COUNTY OF _____)

This instrument was acknowledged before me, this _____ day of _____, 20____, by **Ari T. Makinen and Kristina J. Makinen.**

NOTARY STAMP/SEAL

See Attached Acknowledgment
Notary Public

Title and Rank _____
My Commission Expires: 1/22/2018



California Acknowledgment

State of California)
) ss.
County of EL DORADO)


On 10/18/2014, before me, Larry Eugene Schaffer, Notary

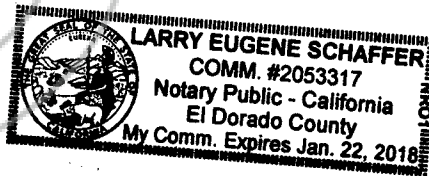
Public, personally appeared ARI T. MAKINEN
AND KRISTINA J. MAKINEN, who

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.

I certify under penalty of perjury, under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Larry Eugene Schaffer



My commission expires on: January 22, 2018

***** optional information *****

Description of Attached Document Quitclaim Deed

Document Date _____ Number of Pages 2

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 1320-02-001-105
 b) _____
 c) _____
 d) _____

FOR RECORDER'S OPTIONAL USE ONLY
 Document/Instrument #: _____
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: gb saw trust

2. Type of Property:
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Townhouse d) 2-4 Plex
 e) Apt. Bldg f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 _____ Other: _____

3. Total Value /Sales Price of Property: \$
 Deed in Lieu of Foreclosure Only (value of property) ()
 Transfer Tax Value: \$
 Real Property Transfer Tax Due: \$ 0.00

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 7
 b. Explain Reason for Exemption: Transfers without consideration to or from a trust.

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: [Signature] Capacity: Seller/Buyer
 Signature: Kristina J. Makinen Capacity: Seller

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: **Revocable Trust of Ari T. Makinen and Kristina J. Makinen**
 Address: **2584 Mackay Way**
 City: **Minden**
 State: **Nevada** Zip: **89423**

Print Name: **Ari T. Makinen**
 Address: **2584 Mackay Way**
 City: **Minden**
 State: **Nevada** Zip: **89423**

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: THE SOURCE, INC.
 Address: 662 WOODWARD AVE
 City, State, Zip: DETROIT, MI 48226

Escrow #: 59276789