



KAREN ELLISON, RECORDER

E07

APN: 1121-35-001-009

When Recorded Mail To:

STARK LEGAL ENTERPRISES, INC.
29202 CABOT ROAD, SUITE 445
LAGUNA NIGUEL, CALIFORNIA
92677

Send Tax Statements To:

Marian Mazza
c/o Gloria Kruetz
18 Cia Paquete
San Clemente, CA 92673

Quitclaim Deed

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Marian Mazza, a widow, does hereby QUITCLAIM to Marian Mazza, Trustee, or any successors in trust under the Mazza Family Revocable Living Trust dated June 28, 2000, and any amendments thereto, whose address is 18 Via Paquete, San Clemente, California, 92673, all right, title and interest in and to that certain real property located in Douglas County, Nevada, more particularly described as follows:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 14, on the Official Map of SPRING VALLEY RANCHOS SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1967, Document No. 39423, and as shown on Amended Map filed October 8, 1968, Document No. 42547.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the personal information of any person.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Orange }

On 5/15/2015 before me, Ellen M. Burin, Notary Public
(Here insert name and title of the officer)

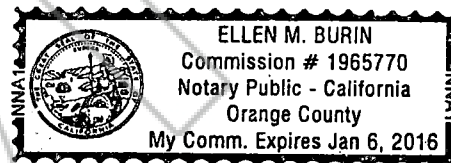
personally appeared Marian Mazza,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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.

Ellen M. Burin
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Quitclaim Deed
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 3 Document Date 5/15/15
Including this Acknowledgment

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
- 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 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.
 - 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.
 - Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
 - Securely attach this document to the signed document with a staple.

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1121-35-001-009
 b) _____
 c) _____
 d) _____

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

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>SD Trust</u>	

3. Total Value/Sales Price of Property: \$ \$0.00
 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: A transfer of title to a trust, without consideration, when a certificate of trust is presented at the time of transfer

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 Marian Mazza Capacity _____ Seller

Signature Marian Mazza Capacity _____ Buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Marian Mazza
 Address: 18 Cia Paquete
 City: San Clemente
 State: CA Zip: 92673

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Marian Mazza, Trustee of the Mazza Family
 Print Name: Revocable Living Trust dated June 28, 2000
 Address: 18 Cia Paquete
 City: San Clemente
 State: CA Zip: 92673

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: James R. Hales, Esq. Escrow # N/A

Address: 1638 Esmeralda Avenue

City: Minden State: NV Zip: 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)