

WHEN RECORDED MAIL TO:
Cynthia M. Kozal
5205 Dantes View
Calabasas, CA 91301



KAREN ELLISON, RECORDER

E05

MAIL TAX STATEMENTS TO:
Grandma's Dream, LLC
860 Twin Pines
Reno, NV 89509

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Pursuant to NRS 239b.030)

APN : 1318-16-710-024 Space Above for Recorder's Use Only

QUITCLAIM DEED

THIS INDENTURE WITNESSETH: That Kevin V. Kozal ("Grantor") FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, does hereby quitclaim to Grandma's Dream LLC, a Nevada limited liability company ("Grantee"), in which his spouse Cynthia M. Kozal holds a 50% membership interest as her sole and separate property, any and all interest in and to that real property in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 113 as the same is laid down, delineated and numbered upon a certain map entitled ELKS SUBDIVISION, LAKE TAHOE, NEVADA, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 5, 1927.

APN: 1318-16-710-024

It is the express intent of the Grantor, being the spouse of Cynthia M. Kozal who holds a 50% membership interest in the Grantee, to convey all right, title and interest of the Grantor, community or otherwise, in and to the herein described property, to the Grantee, in which Cynthia M. Kozal is a 50% member in order, to verify Cynthia M. Kozal's 50% membership interest in Grantee is held as her sole and separate property.



Grantor/ Kevin V. Kozal

STATE OF NEVADA
COUNTY OF :

} SS:

This instrument was acknowledged before me on _____,

by _____

NOTARY PUBLIC

*Please see
attached.*

COOPY

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 Los Angeles)

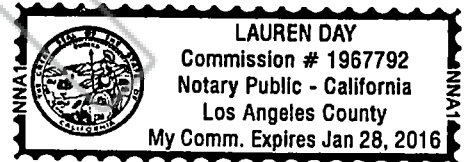
On January 19, 2016 before me, Lauren Day, Notary Public
(insert name and title of the officer)

personally appeared Victor Kevin Kozal,
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.

Signature Lauren Day (Seal)



STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

1. Assessor Parcel Number (s)

- (a) 1318-16-710-024
- (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

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

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
- b. Explain Reason for Exemption: RELEASE SPOUSAL SUPPORT

5. Partial Interest: Percentage being transferred: _____ %

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 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 AGENT
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)
 Print Name: KEVIN KOZAL
 Address: 5205 DANIES VIEW
 City: CAIABASAS
 State: CA Zip: 91301

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: GRANDMA'S DREAM LLC
 Address: 860 TWIN PINES RD
 City: RENO
 State: NV Zip: 89509

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____