

RECORDING REQUESTED BY:

DOUGLAS COUNTY, NV 2017-906417
Rec:\$35.00 11/01/2017 03:57 PM
Total:\$35.00 Pgs=3
SUSANNE OZNOWICZ

APN: 1418-27-712-002



When Recorded Mail Document and Tax Statements to:

KAREN ELLISON, RECORDER

E07

Ronald Oznowicz and Susanne K Oznowicz, Trustees of
the Ronald and Susanne Oznowicz Revocable Trust,
Dated October 26, 2017
32 Greenwood Ct
Orinda, CA 94517

SPACE ABOVE THIS LINE IS FOR

Grant Deed

The undersigned grantor(s) declare(s):
Documentary Transfer Tax is
() computed on full value of property conveyed, or
() computed on full value less of liens and encumbrances remaining at time of sale.
(x) Unincorporated area: () City of

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

RONALD OZNOWICZ, an unmarried man

hereby GRANT(S) to

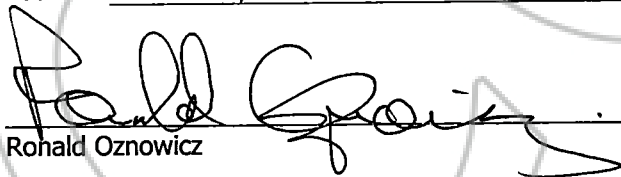
Ronald Oznowicz and Susanne K Oznowicz,
Trustees of the Ronald and Susanne Oznowicz Revocable Trust, Dated October 26, 2017

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

Lot 146, in Block B, as set forth on Plat of Cave Rock Estates Unit No. 3, recorded July 13, 1978, as Document No. 22934, Official Records of Douglas County, Nevada.

APN: 1418-27-712-002

Date: October 31, 2017


Ronald Oznowicz

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 Contra Costa

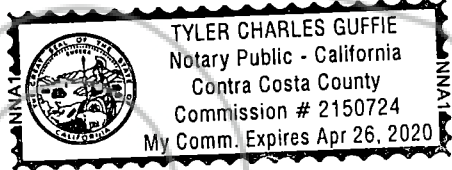
On 10-31-17 before me, Tyler C Guffie a Notary Public, personally appeared Ranata Denowicz, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized 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: Tyler Guffie

Name: Tyler C. Guffie
(Typed or Printed)



(Seal)

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1418-27-712-002
 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>Trust or BC</u>	

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

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 7
 b. Explain Reason for Exemption: transfer of title to Revocable Trust - see attached Certificate of Trust. Without consideration

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 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 _____ Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: RONALD OZNOWICZ
 Address: P.O. BOX 56
 City: ZEPHYR COVE
 State: NV Zip: 89448

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Ronald and Susanne K Oznowicz, Trustees of the Ronald and Susanne Revocable Trust, dated October 26, 2017
 Address: 32 Greenwood Ct
 City: Orinda
 State: CA Zip: 94563

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

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

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