

APN: 1318-10-313-010

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:
DROBNY LAW OFFICES, INC./RH
A Professional Corporation
4180 Truxel Road, Suite 100
Sacramento, CA 95834



KAREN ELLISON, RECORDER E07

MAIL TAX STATEMENTS TO:
John Pacelli, Trustee
P.O. Box 10890
Zephyr Cove, NV 89448
RPTT: \$0.00

QUITCLAIM DEED

The undersigned grantors declare:
This conveyance transfers the grantors' interest into her revocable living trust."
(X) Transfer to a revocable trust. **"Inter Vivos Gift."** This is a Trust Transfer under NRS 375.090-7
() Documentary transfer tax is \$-0-; and
FOR NO CONSIDERATION,

JOHN PACELLI, an unmarried man

hereby grants to JOHN PACELLI, Trustee of THE JOHN PACELLI FAMILY TRUST dated April 21, 2010

all of his right, title, and interest in and to the following described real property in the County of Douglas, State of Nevada:

LEGAL DESCRIPTION: Lot 80, as shown on the map of Zephyr Knolls Unit No. 3, filed in the office of the County Recorder of Douglas County, Nevada, on July 10, 1957, as Document No. 12430.

A.P.N.: 1318-10-313-010
Commonly described as: 710 Lakeview Drive, Zephyr Cove, NV 89448

DATED: March 23, 2018



JOHN PACELLI

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 Sacramento)

On March 23, 2018, before me, MARK S. DROBNY, a notary public, personally appeared JOHN PACELLI, 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 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



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a. 1318-10-313-010 _____
- 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
- Other

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: <u>Trust OR BE</u>	

- 3.a. Total Value/Sales Price of Property \$ 0 _____
- b. Deed in Lieu of Foreclosure Only (value of property (_____)
- c. Transfer Tax Value: \$ 0 _____
- d. Real Property Transfer Tax Due \$ 0 _____

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 7 _____
- b. Explain Reason for Exemption: transfer of title to a 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/Grantee

Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: John Pacelli
Address: P.O. Box 10890
City: Zephyr Cove
State: NV Zip: 89448

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: John Pacelli, Trustee
Address: P.O. Box 10890
City: Zephyr Cove
State: NV Zip: 89448

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

Print Name: DROBNY LAW OFFICES, INC.
Address: 4180 TRUXEL ROAD #100
City: SACRAMENTO

Escrow # _____
State: CA Zip: 95834

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED