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KAREN ELLISON, RECORDER

E07

APN: 1420-28-410-023

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER:

This instrument was recorded at request of:

Keith P. LaPaille
1267 ESTHER WAY
MINDEN, NEVADA 89423

MAIL TAX STATEMENT TO ABOVE ADDRESS

The recording official is directed to return this instrument or copy to the above person Reserved For Recording Information

QUIT CLAIM DEED

Effective Date: <i>May 23 2018</i>	County/State Property is located DOUGLAS COUNTY, NEVADA
GRANTOR (Name, Address) Keith P. LaPaille a single person 1267 ESTHER WAY MINDEN, NEVADA 89423	GRANTEE (Name, Address) Keith P. LaPaille Living Trust; Keith P. LaPaille, (TRUSTEE) 1267 ESTHER WAY MINDEN, NEVADA 89423
DOCUMENT PREPARED BY: (Address) DENNIS H. LAWRENCE, JD 19718 E. MAYBERRY RD. QUEEN CREEK, ARIZONA 85142	PROPERTY LOCATION: 1267 ESTHER WAY MINDEN, NEVADA 89423

Subject Real Property (Legal Description)

LOT 28 OF COCHRAN ESTATES UNIT NO. 1, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 23, 1970, IN BOOK 82, PAGE 294, UNDER FILE NO. 50690.

** EXEMPT TRANSACTION **

"This conveyance transfers the grantor's interest into his or her revocable living trust, NRS 375.090 #7."

~~_____~~ Grantor quit claims to Grantee all right, title and interest of Grantor in Subject Real Property together with all rights privileges appurtenant or to become appurtenant to Subject Real Property on effective date.

Keith LaPaille
Keith P. LaPaille (Grantor)

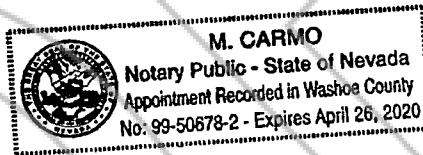
STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Acknowledgment. On this date, before me, a Notary Public, personally appeared: Keith P. LaPaille, known to me or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledged that he executed the same. If this person's name is subscribed in a representative capacity, is for the principal named and in the capacity indicated.

July 23 2018
Date of Acknowledgment

Mearno
Notary Public

Notary Expiration Date: April 26 2020



STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	_____
Book: _____	Page: _____
Date of Recording:	_____
Notes:	<i>Verified Trust Deed</i>

1. Assessor Parcel Number (s)
 a) 1420-28-410-023
 b) _____
 c) _____
 d) _____

2. Type of Property:

a) <input type="checkbox"/>	Vacant Land	b) <input checked="" type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	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: _____ \$

4. If Exemption Claimed:
 a. Transfer Tax Exemption, per NRS 375.090, Section: # 7
 b. Explain Reason for Exemption:
TRANSFER TITLE TO A LIVING 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 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 *Paula Capulus* Capacity TRUSTEE
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: KATH P. CAPULUS
 Address: 1267 ESTHER WAY
 City: SPRINGS
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION (TRUSTEE)
(REQUIRED)

Print Name: CAPULUS KATH P. TRUST
 Address: 1267 ESTHER WAY
 City: SPRINGS
 State: NV Zip: 89423

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

Print Name: MARTY CARMO Escrow # _____
 Address: 900 S. MEADOWS PKWY #2014
 City: RENO State: NV Zip: 89521

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)