

APN: 1220-12-310-052

**RECORDING REQUESTED BY AND  
MAIL TO:**

ROBERT R AND DENISE RUDNICK  
P.O. Box 1157  
Minden, NV 89423

**MAIL TAX STATEMENTS TO:**

ROBERT R AND DENISE RUDNICK  
P.O. Box 1157  
Minden, NV 89423

*Pursuant to NRS 239B.030(4), I affirm that the  
instrument contained below (or attached hereto)  
does not contain the social security number  
of any person.*



KAREN ELLISON, RECORDER      E07

**QUITCLAIM DEED**

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Robert R Rudnick and Denise Rudnick, husband and wife as joint tenants, do hereby QUITCLAIM to Robert R Rudnick and Denise D. Rudnick, Trustees, or any successors in trust under THE RUDNICK FAMILY REVOCABLE TRUST dated 19 October 2018, and any amendments thereto, whose address is P.O. Box 1157, Minden, Nevada, 89423, all right, title and an undivided interest in and to that certain real property located in Douglas County, Nevada, more particularly described as follows:

Lot 36, as shown on the map of PINENUT SUBDIVISION, UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on June 11, 1963, in Book 1 of Maps, as File No. 22783.

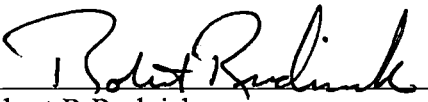
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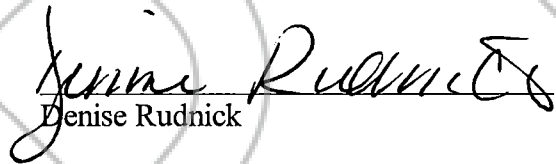
TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Per NRS 111.312, this legal description was previously recorded at Document No. 236327 on October 10, 1990, in Book #1090, Page #1488.

SIGNED this 19<sup>th</sup> day of October, 2018.

GRANTORS:

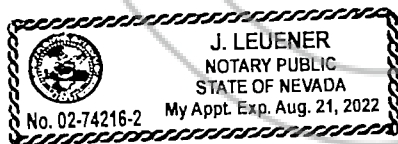
  
Robert R Rudnick

  
Denise Rudnick

**NOTARY ACKNOWLEDGEMENT**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the 19<sup>th</sup> day of October 2018, by Robert R Rudnick and Denise D. Rudnick.



  
NOTARY PUBLIC

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1220-12-310-052  
 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 - JB</u>	

3. Total Value/Sales Price of Property: \$0.00  
 Deed in Lieu of Foreclosure Only (value of property) (\$0.00)  
 Transfer Tax Value: \$0.00  
 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 or from a trust without consideration if 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: Robert Rudnick Denise Rudnick Capacity: \_\_\_\_\_ Grantor

Signature: Robert Rudnick Denise Rudnick Capacity: \_\_\_\_\_ Grantee

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

ROBERT R RUDNICK  
 Print Name: \_\_\_\_\_  
 Address: P.O. Box 1157  
 City: Minden  
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

ROBERT R AND DENISE RUDNICK, Trustees,  
 THE RUDNICK FAMILY REVOCABLE TRUST  
 Print Name: \_\_\_\_\_  
 Address: P.O. Box 1157  
 City: Minden  
 State: NV Zip: 89423

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)