



KAREN ELLISON, RECORDER

E06

APN: 1022-14-001-029

RECORDING REQUESTED BY:

Paul T. Slowik

AFTER RECORDATION, RETURN BY MAIL TO

Paul T. Slowik
3960 Sunhill Dr
Carlsbad, CA 92008

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this 25 day of OCTOBER 2018, by first party, Grantors, PAUL T. SLOWIK and SHARON M. SLOWIK, Co-Trustees or their named successor Trustees of THE PAUL T. SLOWIK and SHARON M. SLOWIK FAMILY REVOCABLE TRUST dated March 2, 2000, whose post office address is 3960 Sunhill Drive, Carlsbad, CA 92008, to second party, Grantee, PAUL T. SLOWIK, an unmarried man, whose post office address is 3960 Sunhill Drive, Carlsbad, CA 92008.

WITNESSETH, that the said first party, for good consideration and for the sum of Ten Dollars (\$10.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Douglas, State of Nevada to wit,

Parcel No. 40, as shown on that certain Record of Survey recorded October 10, 1960, as File No. 45991, Douglas County, Nevada, and being a portion of Section 13 and 14, Township 10 North, Range 22 East, M.D.B.&M.

Per NRS 111.312, this legal description was previously recorded as Document No. 0623231, Book 0904, Page 00496, on September 1, 2004.

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any, TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Paul T. Slowik, Co-Trustee
Paul T. Slowik, Co-Trustee

Sharon M. Slowik, Co-Trustee
Sharon M. Slowik, Co-Trustee

SEE ATTACHED FORM FOR NOTARY CERTIFICATE

CALIFORNIA ALL PURPOSE 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 San Diego

On 10-25-2018 before me, Toni N. Silva Notary
Date Insert Name and Title of the officer

Public, personally appeared ~~Sharon M. Slowik~~ Sharon M. Slowik

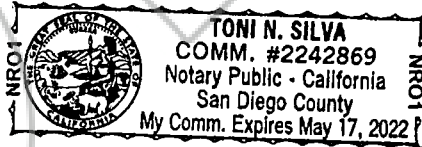
Name(s) of Signer(s)

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: _____



OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document

Description of Attached Document

Title or Type of Document: Quit Claim Deed Document Date: 10/25/2018

Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signers Name Sharon M. Slowik

Corporate Officer - Title(s) _____

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signers Name: _____

Corporate Officer - Title(s) _____

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SAN DIEGO } SS.

On 10/30/2018, before me, TRESA GLIPONEO
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared PAUL T. SLOWIK
Name(s) of Signer(s)

- Personally known to me
- 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.

WITNESS my hand and official seal.

Place Notary Seal Above

[Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here



Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>


kellison@co.douglas.nv.us

(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature

11/19/18

Date

Paul T. Slowik

Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1022-14-001-029
 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	

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: 6
 b. Explain Reason for Exemption: transfer of title between former spouses in compliance with a decree of divorce

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 [Signature] Capacity _____ Grantor

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Paul T. Slowik & Sharon M. Slowik Trustees
 Address: 3960 Sunnyhill Drive
 City: Carlsbad
 State: CA Zip: 92008

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Paul T. Slowik
 Address: 4454 San Joaquin St.
 City: Oceanside
 State: CA Zip: 92057

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)

SEE ATTACHED FORM FOR
NOTARY CERTIFICATE

CALIFORNIA ALL-PURPOSE CERTIFICATE OF 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 San Diego

On 10-25-2018 before me, Toni N. Silva - Notary Public,


personally appeared Sharon M. Slowik

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.





Notary Public Signature

(Notary Public Seal)

OPTIONAL

DESCRIPTION OF THE ATTACHED DOCUMENT

State of Nevada - Declaration of Value

(Title or description of attached document)

Number of Pages 1 Document Date _____

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

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STATE OF CALIFORNIA }

COUNTY OF SAN DIEGO }

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Date Insert Name and Title of the officer

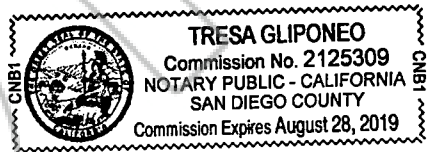
Public, personally appeared PAUL T SLOWIK

Name(s) of Signer(s)

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Signature: [Signature]

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Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signers Name: _____

Corporate Officer – Title(s) _____

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____