

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER PER NRS 239B 030
APN 1318-15-715-011



KAREN ELLISON, RECORDER E07

Recording Requested by
Grantor, Nancy Chandler

When Recorded Mail Document and tax statements to
Chandler Trust Revocable Trust
P O Box 10223
Zephyr Cove, NV 89448

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

NANCY CHANDLER, without consideration, does hereby remise, release and forever quitclaim all right, title and interest to the CHANDLER TRUST REVOCABLE TRUST, NANCY KATHLEEN CHANDLER, as Trustee, the following described real property situated in Douglas County, State of Nevada, bounded and described as

Parcel 2-5, as shown on the Map of ROUNDRIIDGE TOWNHOUSES, filed in the office of the County Recorder of Douglas County, Nevada, on August 14, 1967, Document No 37524

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof

WITNESS my hand this 21 day of December, 2018

Nancy Chandler
NANCY CHANDLER as Grantor

Nancy Kathleen Chandler
NANCY KATHLEEN CHANDLER as Trustee of
the Chandler Trust Revocable Trust

-A LOOSE CERTIFICATE ATTACHED-

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 Nevada

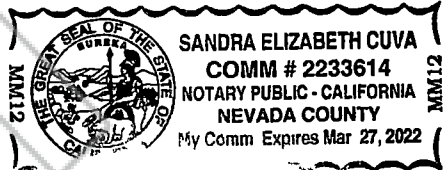
On Dec 21, 2018 before me, Sandra Elizabeth Cuva

personally appeared Nancy Kathleen Chandler,
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 Sandra Elizabeth Cuva (Seal)



THIS ACKNOWLEDGMENT IS ATTACHED TO A QUIT CLAIM DEED
DATED Dec 21, 2018

STATE OF NEVADA
DECLARATION OF VALUE

- 1 Assessors Parcel Number(s)
 a) 1318-15-715-011
 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	
DOCUMENT/INSTRUMENT #	_____
BOOK _____	PAGE _____
DATE OF RECORDING	<u>12/28/18</u>
NOTES	<u>Verified Trust</u> <i>[Signature]</i>

3 Total Value/Sales Price of Property \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value \$ _____
 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 present at the time of transfer
 c 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 Nancy Kathleen Chandler Capacity Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name <u>Nancy Chandler</u>	Print Name <u>Nancy Chandler, Trustee</u>
Address <u>P O Box 10223</u>	Address <u>P O Box 10223</u>
City <u>Zephyr Cove</u>	City <u>Zephyr Cove</u>
State <u>NV</u> Zip <u>89448</u>	State <u>NV</u> Zip <u>89448</u>

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name A+ Documents, Inc Escrow # _____
 Address 411 W Third Street, Suite 1
 City Carson City State NV Zip 89703

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