DOUGLAS COUNTY, NV Rec:\$40.00

2020-950894

08/17/2020 12:03 PM

Total:\$40.00 HOWARD VIPPERMAN

APN: 1220-21-511-005

RECORDING REQUESTED

Howard Vipperman

AFTER RECORDATION, RETURN BY MAIL TO:

Karen Vipperman 380 Genoa Ln. Minden, NV 89423



KAREN ELLISON, RECORDER

E05

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

THIS QUITCLAIM DEED, executed this 17 day of Au6451, 2020, by first party, Grantor, HOWARD VIPPERMAN, a married man, whose post office address is 380 Genoa Lane, Minden, NV 89423, to second party, Grantee, KAREN VIPPERMAN, a married woman as her sole and separate property, whose post office address is 380 Genoa Lane, Minden, NV 89423.

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

Howard Vipperman

STATE OF NEVADA

) ss.

COUNTY OF DOUGLAS

This instrument was acknowledged before me on the 17 day of august, 2020, by Howard Vipperman.

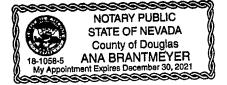


EXHIBIT "A"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 5 in Block A, as shown on the map of CAHI #6, a planned unit development, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 24, 1999, in Book 1199, at Page 4453, as Document No. 481452, Official Records

Per NRS 111.312, this legal description was previously recorded at Document No.2020-950625 on 08/11/2020.

APN: 1220-21-511-005



STATE OF NEVADA DECLARATION OF VALUE	
1. Assessor Parcel Number(s)	
a) 1220-21-511-005	^
/ 	\ \
c) d)	\ \
u)	\ \
2. Type of Property:	\ \
a) Vacant Land b) Single Fam. Re	es
c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
e) Apt. Bldg f) Comm'l/Ind'l	BOOK PAGE
	DATE OF RECORDING:
g) Agricultural h) Mobile Home	NOTES:
i)	
3. Total Value/Sales Price of Property:	<u> </u>
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 #43
 b. Explain Reason for Exemption: Transfer of 	f title without consideration from one joint tenant
to remaining joint tenant DEEDING	+ TO WIFE
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 t	
	ntiate the information provided herein. Furthermore, the
	ption, or other determination of additional tax due, may
result in a penalty of 10% of the tax due plus interes	t at 1% per month.
Downson 440 NDC 275 020 the Downson d College health a fair	:_4]
Pursuant to NRS 375.030, the Buyer and Seller shall be join	intly and severally hable for any additional amount owed.
Signature Howard Manual	Capacity Grantor
Signature The Company of the Signature o	Capacity
Signatura	Consolts
Signature	Capacity
CELLED (CDANTOD) INFORMATION	DIIVED (CD ANTEE) DIEODMATION
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: Howard Vipperman & Karen Vipperman	Print Name: Karen Vipperman
Address: 380 Genoa Ln.	Address: 380 Genoa Ln.
City: Minden	City: Minden
State: NV Zip: 89423	State: NV Zip:89423
State. 144 Zip. 33423	Zip. 00425
COMPANY/PERSON REQUESTING RECORDING	
(required if not the seller or buyer)	
	Fecrow #
Print Name:	LISOLUW IT
Address: State:	 Zip:
City: State: State:	MAY BE RECORDED/MICROEII MED)
(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)	