

APN: 1320-30-612-023

Mail Future Tax Statements To:
Lawrence E. Sauer, Trustee
Pamela A. Sauer, Trustee
987 Peralta Way
Minden, NV 89423



KAREN ELLISON, RECORDER

E07

The undersigned hereby affirms that this document submitted for recording does not contain any personal information and/or social security number of any person.

QUITCLAIM DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, LAWRENCE E. SAUER and PAMELA A. SAUER, who took title as husband and wife as joint tenants does hereby remise, release, and forever quitclaim and transfer all their interest in 987 Peralta Way, Minden, Nevada APN 1320-30-612-023, to LAWRENCE E. SAUER and PAMEAL A. SAUER, Trustees of the *Lawrence E. Sauer AND Pamela A. Sauer Revocable Trust, dated June 28, 2007*, and any amendments thereto, the real property situated in County of Douglas, State of Nevada, more precisely described as:

LOT 22 IN BLOCK E AS SET FORTH ON FINAL MAP PD 02-04 FOR LA COSTA AT MONTE VISTA PHASE 1, filed FOR THE RECORD WITH THE DOUGLAS COUNTY RECORDER ON APRIL 25, 2005 IN BOOK 0405, AT PAGE 9815, AS DOCUMENT NO. 642625, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

Subject to

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on April 24, 2012, as Document Number 801312

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

Dated: August 21, 2020.



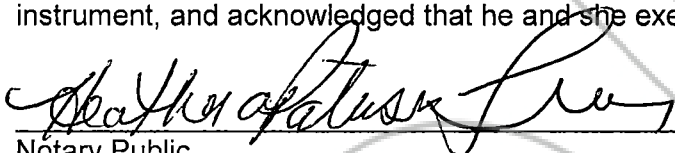
LAWRENCE E. SAUER



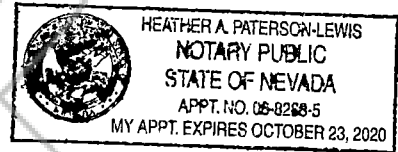
PAMELA A. SAUER

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On August 21, 2020, before me, Heather A. Paterson-Lewis, personally appeared LAWRENCE E. SAUER and PAMELA A. SAUER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that he and she executed it.



Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-30-612-023
 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 OK - KE</u>	

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 to trust without consideration

5. Partial Interest: Percentage being transferred: 100.00 %

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 _____ Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Lawrence and Pamela Sauer
 Address: 987 Peralta Way
 City: Minden
 State: NV Zip: 89423

Print Name: Lawrence E & Pamela A Sauer, Trustees
 Address: 987 Peralta Way
 City: Minden
 State: Minden 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)