

APN# 1318-23-216-008)
)
WHEN RECORDED RETURN TO:)
)
ROBERT GIARGIARI and)
JOANNA GIARGIARI)
P.O. BOX 10473)
ZEPHYR COVE, NV 89448)
)
Mail Tax Statements to:)
Robert and Joanna Giargiari)
P. O. Box 10473)
Zephyr Cove, NV 89448)
)



KAREN ELLISON, RECORDER E07

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 21st day of April, 2021, by the Grantors, **ROBERT GIARGIARI and JOANNA GIARGIARI** whose mailing address is, P. O. Box 10473, Zephyr Cove, Nevada 89448

to the Grantees,
ROBERT P. GIARGIARI and JOANNA V. GIARGIARI, Trustees of The Robert P. Giargiari and Joanna V. Giargiari Revocable Trust, originally dated 10/30/2013 and amended and restated on 4/21/21, whose mailing address is, P. O. Box 10473, Zephyr Cove, NV 89448.

WITNESSETH, That the said Grantors, for good consideration and for the sum of \$10.00 paid by the said Grantees the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantees forever, all the right, title, interest and claim which the said Grantors 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:

Lot 85, of Lake Village #2E, according to the map thereof, filed in the Office of the County Records of Douglas County, Nevada, recorded on October 18, 1972, as Document No. 62363

APN#: 1318-23-216-008

Commonly known as:
157 Holly Lane, Zephyr Cove, Nevada, 89448

IN WITNESS WHEREOF, The said Grantors have signed and sealed those presents the day and year first above written.

Signed, sealed and delivered in presence of:

Date 4/21/21

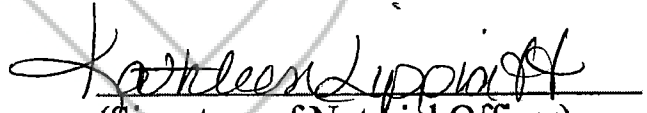
[Signature]
ROBERT GIARGIARI

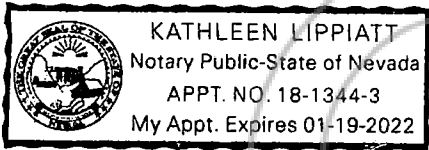
[Signature]
JOANNA GIARGIARI

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 21st day
of April, 2021 by ROBERT GIARGIARI and JOANNA
GIARGIARI:

(Notary Stamp)


(Signature of Notarial Officer)



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 1318-23-216-008
 b. _____
 c. _____
 d. _____

2. Type of Property:
- | | |
|---|--|
| a. <input type="checkbox"/> Vacant Land | b. <input type="checkbox"/> Single Fam. Res. |
| c. <input checked="" type="checkbox"/> Condo/Twnhse | d. <input type="checkbox"/> 2-4 Plex |
| e. <input type="checkbox"/> Apt. Bldg | f. <input type="checkbox"/> Comm'l/Ind'l |
| g. <input type="checkbox"/> Agricultural | h. <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other | |

FOR RECORDERS OPTIONAL USE ONLY
 Book _____ Page: _____
 Date of Recording: _____
 Notes: DR Terrell Root - DR to G.I.I
in Company Info - Trust OK - J

- 3.a. Total Value/Sales Price of Property \$ 0
 b. Deed in Lieu of Foreclosure Only (value of property (_____))
 c. Transfer Tax Value: \$ 0
 d. Real Property Transfer Tax Due \$ 0

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 7
 b. Explain Reason for Exemption: transfer without consideration to trust

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-trustee of grantee
 Signature [Signature] Capacity: Grantor-trustee of grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Robert and Joanna Giargiari
 Address: 157 Holly Lane
 City: Zephyr Cove
 State: Nevada Zip: 89448

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Robert Giargiari, Trustee
 Address: 157 Holly Lane
 City: Zephyr Cove
 State: Nevada Zip: 89448

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: James M Sullivan Inc
 Address: 225 N Santa Cruz Ave
 City: LOS GATOS

Escrow # Attorney
 State: CA Zip: 95030-7275