

PREPARED BY:
Theodore Long
987 Edgewood Circle #H
South Lake Tahoe, CA 96150

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**
Anthony Nicoletti
PO Box 744
Zephyr Cove, NV 89448

MAIL TAX STATEMENTS TO:
Anthony Nicoletti
PO Box 744
Zephyr Cove, NV 89448

1318-03-210-011



KAREN ELLISON, RECORDER E05

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

The undersigned Grantor, Sylvia Nicoletti, a married person, whose address is 1014 Skyland Dr., Zephyr Cove, Nevada 89448, declares that the documentary transfer tax is \$ 0 and is:

For and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, I, Sylvia Nicoletti, hereby Remise, Release, AND FOREVER Quitclaim to:

Anthony Nicoletti, whose address is 1014 Skyland Dr., Zephyr Cove, Nevada 89448,

All that certain lot, piece or parcel of land situated in the County of Douglas, State of Nevada, described as follows:

Lot 28, as shown on the map of SKYLAND SUBDIVISION NO. 1. Filed in the office of the County Recorder of Douglas County, State of Nevada on February 27, 1958 in Book 1, page 181, Document No. 12967.

Together with the right of access to the waters of Lake Tahoe and for beach and recreational purposes over lots 32 and 33 as shown on the filed map referred herein as reserved in the deed form Stockton Garden Homes, Inc. a California Corporation, to Skyland Water Co. a Nevada Corporation, recorded February 5, 1960 in Book 1 of Official Records at Page 268, Douglas County, Nevada

The Grantor is exempt from the transfer tax as this deed falls under the following category:

Transfers by gift, by will, or by trust.

GRANTOR ACKNOWLEDGMENT

Sylvia Nicoletti

31 May '21
Date

Sylvia Nicoletti - attorney in fact
Sylvia Nicoletti, Grantor

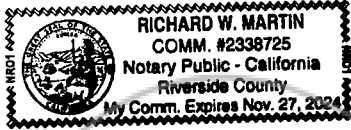
This document is being recorded
as an accommodation only
by Signature Title Company, LLC

**NEVADA NOTARY ACKNOWLEDGEMENT
(POWER OF ATTORNEY)**

State of ~~Nevada~~ ^{CA} CALIFORNIA
County of RD RIVERSIDE

This instrument was acknowledged before me on 5-3-2021 [date] by
ANTHONY NICOLETTI [name of person holding power of attorney] as attorney-in-fact for
SYLVIA NICOLETTI [name of principal/person whose name is in the document].

(Seal)



Richard W. Martin
Signature of notarial officer
Richard W. Martin Notary Public
Title (and Rank)

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1318-03-210-011
 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	
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 # 5
 b. Explain Reason for Exemption: TRANSFER WIFE TO HUSBAND

5. 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 [Signature] Capacity OWNER

Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: SYLVIA NICOLETTI
 Address: 1014 SKYLAND DR.
 City: ZEPHYR COVE
 State: NV. Zip: 89448

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: ANTHONY NICOLETTI
 Address: 1014 SKYLAND DR.
 City: ZEPHYR COVE
 State: NV. Zip: 89448

760-699-7536

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)