

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT DOES NOT CONTAIN A  
SOCIAL SECURITY NUMBER PER NRS 239B.030.  
APN: 1420-29-715-025



KAREN ELLISON, RECORDER

E07

Recording Requested by:  
Grantors, ALAN M. ALLTIZER & DEBBIE A. ALLTIZER

When Recorded Mail Document and tax statements to:  
ALLTIZER FAMILY REVOCABLE LIVING TRUST  
1108 San Marcos Circle  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

We, ALAN M. ALLTIZER & DEBBIE A. ALLTIZER, without consideration, do hereby  
remise, release and forever quitclaim all right, title and interest to the ALLTIZER FAMILY  
REVOCABLE LIVING TRUST, ALAN M. ALLTIZER and DEBBIE A. ALLTIZER, as  
Trustees, the following described real property situated in Douglas County, State of Nevada,  
bounded and described as:

Lot 341 in Block F, as shown on the Map (PD99-02-08) of SARATOGA SPRINGS  
UNIT 8, filed in the office of the Douglas County Recorder on October 18, 2004, File  
No. 626992.

WITNESS my hand this 2nd day of June 2021.

Alan M. Alltizer  
ALAN M. ALLTIZER as Grantor

Alan M. Alltizer  
ALAN M. ALLTIZER as Trustee of the  
Alltizer Family Revocable Living Trust

Debbie A. Alltizer  
DEBBIE A. ALLTIZER as Grantor

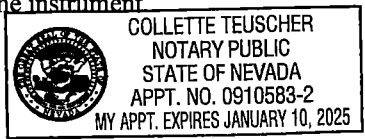
Debbie A. Alltizer  
DEBBIE A. ALLTIZER as Trustee of the  
Alltizer Family Revocable Living Trust

STATE OF NEVADA )  
CARSON CITY )

On this 2nd day of June 2021 before me, a Notary Public, personally appeared ALAN  
M. ALLTIZER and DEBBIE A. ALLTIZER personally known to me (or proved to me on the basis of satisfactory  
evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they  
executed the same in their authorized capacity, and that by their signatures on the instrument the persons, or the  
entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Collette Teuscher  
Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessors Parcel Number(s)  
 a) 1420-29-715-025  
 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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING:	<u>6/4/21</u>
NOTES:	<u>Grantor &amp; Trust</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: \$ 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 presented at the time of transfer

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 Alan M. Alltizer Capacity grantor-trustee  
 Signature Debbie A. Alltizer Capacity grantor-trustee

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

Print Name: Alan and Debbie Alltizer  
 Address: 1108 San Marcos Circle  
 City: Minden  
 State: NV Zip: 89423

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

Print Name: Alan and Debbie Alltizer-Trustees  
 Address: 1108 San Marcos Circle  
 City: Minden  
 State: NV Zip: 89423

**COMPANY/PERSON REQUESTING RECORDING**

(required if not the seller or buyer)

Print Name: A+ Documents Escrow # \_\_\_\_\_  
 Address: 411 W. Fourth Street, Suite 1  
 City: Carson City State: NV Zip: 89703