

APN Number: 1220-03-111-004

Recording Requested by:

Jon W. Propst, and Marilyn S. Propst, husband and wife as joint tenants

Return Documents to:
Jon and Marilyn Propst
2706 Ocotillo Ave.
Santa Maria, Ca. 93455

Mail Tax Statement to:
Same as above



00150071202209810410040049

KAREN ELLISON, RECORDER

E07

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this *27th* day of *Sept.* 2021, by the Grantor(s)
Jon W. Propst, and Marilyn S. Propst, husband and wife as joint tenants.

to the Grantee(s),
Jon W. Propst and Marilyn S. Propst, Trustees of the Propst Trust Dated June 1, 2006.

WITNESSETH, That the said Grantor, for no consideration,

the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantor 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: (Legal Description)

Lot 4 of Block A as shown on the map entitled STODICK ESTATES SOUTH, PHASE 2, in the County of Douglas, State of Nevada, filed June 6, 2005 in the office of the County Recorder of Douglas County, Nevada, as Document No. 646056.

IF THE FULL LEGAL DESCRIPTION WILL NOT FIT IN THIS SPACE, ENTER "See Exhibit A", THEN ENTER THE DESCRIPTION BELOW.

Commonly known as:

1376 Branden Lane, Gardnerville, Nevada 89410

IN WITNESS WHEREOF, The said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

I or, (We), the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security Number,

Signature *Jon W. Propst*
Print Name: Jon W. Propst
Capacity: Grantor

Signature *Marilyn S. Propst*
Print Name: Marilyn S. Propst
Capacity: Grantor

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name _____
Capacity _____

Signature _____
Print Name _____
Capacity _____

STATE OF CALIFORNIA }

COUNTY OF SANTA BARBARA }

On 08-27-2021 before me, JAMES W. COOK, personally appeared JON W. PROPST AND MARILYN S. PROPST

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Seal]

Signature SEE PAGE FOLLOWING FOR NOTARY - JWC

Print Name _____

My Commission Expires _____

Certificate of Appointment Number _____
(For Nevada Notaries Only)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

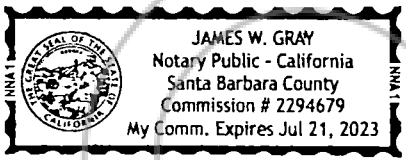
State of California }
County of SANTA BARBARA }

On 09-27-2021 before me, JAMES W. GRAY, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared JON W. PROBST AND MARILYN S. PROBST
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature James W. Gray
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: PUTCLAIM DEED
Document Date: 09-27-2021 Number of Pages: 3
Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:
[] Corporate Officer - Title(s):
[] Partner - [] Limited [] General
[] Individual [] Attorney in Fact
[] Trustee [] Guardian of Conservator
[] Other:
Signer is Representing:

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1720-03-111-004
 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 - J</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: _____ %

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 Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Jon Propst
 Address: 2706 Cortello Ave
 City: Santa Maria
 State: CALIF. Zip: 93455

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: (SAME)
 Address: _____
 City: _____
 State: _____ Zip: _____

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)