



KAREN ELLISON, RECORDER

E07

APN: 1220-04-510-006

RECORDING REQUESTED BY:
Robert Carl Malkmus
P.O. Box 1060
Gardnerville, Nevada 89410

MAIL TAX STATEMENTS TO:
Robert Carl Malkmus
P.O. Box 1060
Gardnerville, Nevada 89410

*Pursuant to NRS 239B.030(4), I affirm that
the instrument contained below does not contain
the social security number of any person.*

Quitclaim Deed

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, CAROLYNN KALIVODA, IRA Administrator and First Savings Bank Custodian for ROBERT CARL MALKMUS, beneficiary of the Marilyn V. Malkmus Self-Directed IRA, (hereinafter "GRANTOR"), does hereby convey to ROBERT CARL MALKMUS, IRA, First Savings Bank as Custodian (hereinafter "GRANTEE"), an undivided 100% interest in that certain real property located in Douglas County, in the State of Nevada, commonly known as 1319 Toler Road, Gardnerville, Nevada, more particularly described as follows:

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

Lot 6, as shown on the map of CARSON VALLEY ESTATES SUBDIVISION, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on July 19, 1965, as Document No. 28834.

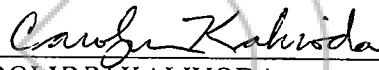
APN: 1220-04-510-006

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

Pursuant NRS 111.312, this legal description was previously recorded at Document No. 2019-929810 on June 3, 2019

DATED this 27th day of June, 2022.



CAROLYNN KALIVODA,
IRA Administrator

ACKNOWLEDGEMENT

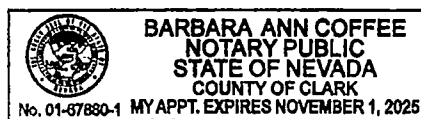
STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On June 27th, 2022, before me, the undersigned, a Notary Public in and for said County and State, personally appeared CAROLYNN KALIVODA known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.



NOTARY PUBLIC



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1220-04-510-006
 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>IRA 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 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 Robert Carl Malkmus Capacity _____ Representative _____

Signature Robert Carl Malkmus Capacity _____ Representative _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Robert Carl Malkmus
 Address: P.O. Box 1060
 City: Gardnerville
 State: NV Zip: 89410

Print Name: Robert Carl Malkmus
 Address: P.O. Box 1060
 City: Gardnerville
 State: NV Zip: 89410

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Law Office of Michael S. Rowe, Esq. Escrow # _____
 Address: P.O. Box 2080
 City: Minden State: NV Zip: 89410

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)