

APN: 1418-27-810-009
R.P.T.T. #9 = 0

WHEN RECORDED RETURN TO:
GRANTEE-Mail Tax Statements To:
MyrnaBee, LLC
Myrna B. Goodman, Manager
970 Fieldgate Way
Gardnerville, NV 89460

Affirmation Statement:

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030)

QUITCLAIM DEED

THIS INDENTURE made and entered into this 28th day of November, 2022, by and between **MYRNA B. GOODMAN** and **ALAN J. GOODMAN**, as **Trustees of the GOODMAN FAMILY TRUST**, dated November 29, 1984, party of the first part, (*GRANTOR*) and **MYRNABEE, LLC**, a Nevada Limited Liability Company, party of the second part, (*GRANTEE*).

WITNESSETH:

That the party of the first part, **WITHOUT CONSIDERATION** to them paid by the party of the second part, do by these presents grant, bargain, sell and convey unto the party of the second part, and to their successors and assigns forever, all their interest in that certain real property situate in the County of **Douglas**, State of **Nevada**, described as follows:

Lot 49, as shown on the Map entitled CAVE ROCK ESTATES UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 3, 1962, as File No. 19323, Official Records.

SUBJECT TO Covenants, Conditions, Reservations, Rights, Rights of Way and Easements now of record, if any.

TOGETHER with all and singular the tenements, hereditaments and appurtenances, including water rights and easements, if any, thereunto belonging, or in any wise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said presents, together with the appurtenances, unto the said party of the second part and to their successors and assigns forever.

IN WITNESS WHEREOF, the party of the first part have set their hands the day and year first above written.

GOODMAN FAMILY TRUST

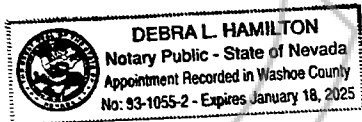
By *Myrna B. Goodman*
MYRNA B. GOODMAN, Trustee

By *Alan J. Goodman*
ALAN J. GOODMAN, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On this 28th day of November, 2022, personally appeared before me, a Notary Public, MYRNA B. GOODMAN and ALAN J. GOODMAN, personally known to me to be the persons whose names are subscribed to the above instrument who acknowledged that they executed the above instrument.

Debra L. Hamilton
Notary Public



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 1418-27-810-009
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input 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 |
| i) <input type="checkbox"/> | Other | | |

<p>FOR RECORDERS OPTIONAL USE ONLY Notes: <u>1/28/22 Operating Agr. Ok~A.B</u></p>
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3. Total Value/Sales Price of Property:

	\$ 0.00
Deed in Lieu of Foreclosure Only (value of property)	\$ 0.00
Transfer Tax Value:	\$ 0.00
Real Property Transfer Tax Due:	\$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 9
- b. Explain Reason for Exemption:
TRANSFER WITHOUT CONSIDERATION TO LLC OWNED 100% BY GRANTORS' 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 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 Myrna B. Goodman Capacity TRUSTEE
 Signature Myrna B. Goodman Capacity MANAGER

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: MYRNA B. GOODMAN, Trustee
 Address: 970 FIELDGATE WAY
 City: GARDNERVILLE
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: MYRNABEE, LLC, Myrna B. Goodman
 Address: 970 FIELDGATE WAY
 City: GARDNERVILLE
 State: NV Zip: 89460

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: DONALD K. COPPA, LTD. Escrow # _____
 Address: 528 S. ARLINGTON AVE.
 City: RENO State: NV Zip: 89509

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)