

1 APN# 1320-30-817-002



2 Recording Requested by/Mail to:

SHAWNYNE GARREN, RECORDER E07

3 Shirley Klavon

4 1625 Olua Street

5 Minden, NV 89423

6 QUITCLAIM

7 In consideration of \$10.00, United States Currency, receipt of which is hereby
8 acknowledged, I, SHIRLEY ANITA KLAUVON, Grantor, do hereby quitclaim to
9 SHIRLEY ANITA KLAUVON as Trustee of the REVOCABLE LIVING TRUST OF
10 SHIRLEY ANITA KLAUVON, Grantee, any and all of my interest in the real property at
11 1625 Olua Street, Gardnerville, in the County of Douglas, State of Nevada, 89423,
12 described as follows:
13

14 Lot 2, in Block H, of MACKLAND SUBDIVISION, according to the map thereof,
15 filed in the office of the County Recorder of Douglas County, State of Nevada, on
16 December 4, 1980, in Book 1280, Page 475, as Document No. 51372.

17 APN: 1320-30-817-002

18 DATED this 28th day of November 2023.

19
20
21 
22 SHIRLEY ANITA KLAUVON
23
24
25
26
27

28 *****

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On the 28th day of November, 2023, personally appeared before me, a Notary Public,
SHIRLEY ANITA KLAVON, who acknowledged to me to be the person who executed
the foregoing instrument.

IN WITNESS WHEREOF, I hereunto set my hand and official seal in the County of
Douglas, State of Nevada, on the day and year first above written.



Chris Martin

Notary Public

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: Trust OK.

1. Assessor Parcel Number (a)

- (a) 1320-30-817-002
- (b) _____
- (c) _____
- (d) _____

2. Type of Property:

- a) Vacant Land
- b) Single Fam Res.
- c) Condo/Townhome
- d) 2-4 Plex
- e) Apt. Bldg.
- f) Commercial
- g) Agricultural
- h) Mobile Home
- i) Other

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 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 R. Erb Capacity Attorney

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Shirley Anita Klavon

Address: 1625 Olua Street

City: Minden

State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Shirley Anita Klavon-Trustee

Address: 1625 Olua Street

City: Minden

State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Alan R. Erb, Esq. Escrow # _____

Address: P.O. Box 133

City: Gardnerville State: NV Zip: 89410

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)