

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT DOES NOT CONTAIN A  
SOCIAL SECURITY NUMBER PER NRS 239B.030.  
APN: 1320-30-813-001



SHAWNYNE GARREN, RECORDER E07

Recording Requested by:  
Grantor, **ROBERT SIGNOR**

When Recorded Mail Document and tax statements to:  
ROBERT SIGNOR FAMILY TRUST 2023  
1020 Aspen Grove Circle  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

**QUIT CLAIM DEED**


ROBERT SIGNOR, an unmarried man, without consideration, does hereby remise, release and forever quitclaim all right, title and interest to the ROBERT SIGNOR FAMILY TRUST 2023, dated February 14, 2023, ROBERT JAMES SIGNOR, as Trustee, the following described real property situated in Douglas County, State of Nevada, bounded and described as:

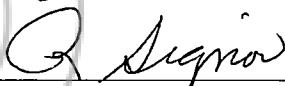
Lot 1 in Block C as set forth on the final map of MOUNTAIN GLEN, PHASE II, filed for record in the office of the County Recorder of Douglas County, State of Nevada on September 28, 1989 in Book 989, Page 3823 as Document No. 211874, Official Records.

Which has the address of: 1020 Aspen Grove Circle.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

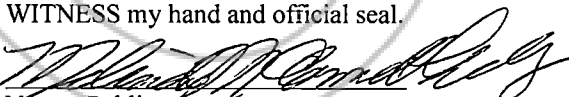
WITNESS my hand this 14<sup>th</sup> day of February 2023.

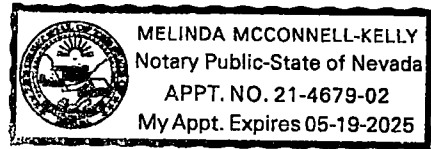
  
ROBERT SIGNOR as Grantor

  
ROBERT JAMES SIGNOR as Trustee of  
the Robert Signor Family Trust 2023

STATE OF NEVADA )  
CARSON CITY )

On this 14<sup>th</sup> day of February 2023 before me, a Notary Public, personally appeared ROBERT JAMES SIGNOR personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.  
  
Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

- 1. Assessors Parcel Number(s)
  - a) 1320-30-813-001
  - 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:	_____
NOTES:	<u>Verified 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 Robert Signor Capacity grantor-trustee \_\_\_\_\_  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: Robert Signor  
 Address: 1020 Aspen Grove Circle  
 City: Minden  
 State: NV Zip: 89423

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

Print Name: Robert James Signor - Trustee  
 Address: 1020 Aspen Grove 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