

EXHIBIT "A"
LEGAL DESCRIPTION

APN# 1320-29-119-032

Parcel 1:

Unit 396, as shown on the Final Map No. 1008-9 for WINHAVEN, Unit NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on July 8, 1999, Book 799, Page 1253 as Document No. 472099.

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 1320-29-119-032
 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
 Other

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: <u>Living Trust Cert</u>	

- 3.a. Total Value/Sales Price of Property \$ _____
 b. Deed in Lieu of Foreclosure Only (value of property) (_____)
 c. Transfer Tax Value: \$ _____
 d. Real Property Transfer Tax Due \$ 0

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section #7
 b. Explain Reason for Exemption: to a 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 _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Michael H. Bradford, a married man as his sole and separate property
 Address: PO Box 10387
 City: Zephyr Cove
 State: NV Zip: 89448

BUYER (GRANTEE) INFORMATION
(REQUIRED) Michael H. Bradford and Kathryn H. Bradford, Trustees of
 Print Name: The Michael and Kathryn Bradford Living Trust dated March 12, 2013
 Address: PO Box 10387
 City: Zephyr Cove
 State: NV Zip: 89448

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED