

APN: 0000-17-041-050

Recording Requested By/Return To:

JULIA S. GOLD

✓ LAW OFFICES OF JULIA S. GOLD, P.C.

548 West Plumb Lane, Suite B

Reno, Nevada 89509



00001833201408514560040040

KAREN ELLISON, RECORDER

E07

**Mail Tax Information To:**

Albert R. Shankle

Susan J. Shankle

PO Box 93

Genoa, NV 89411

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT SUBMITTED FOR RECORDING  
DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

**GRANT, BARGAIN, and SALE DEED**

THIS INDENTURE WITNESSETH: That ALBERT R. SHANKLE and SUSAN J. SHANKLE, husband and wife, as joint tenants, in consideration of the sum of \$10.00, receipt of which is hereby acknowledged, do hereby grant, bargain, sell and convey to **ALBERT R. SHANKLE and SUSAN J. SHANKLE, Trustees of the SHANKLE FAMILY TRUST dated August 12, 2014**, all the real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

**SEE EXHIBIT "A" ATTACHED  
HERETO AND INCORPORATED HEREIN**

**Assessor's Parcel Number 0000-17-041-050****Commonly known as: 2514 Jacks Valley Road**

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness our hands this 12<sup>th</sup> day of August, 2014.

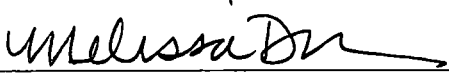
  
ALBERT R. SHANKLE

  
SUSAN J. SHANKLE

State of Nevada )  
County of Washoe )

On August 12, 2014, before me, Melissa A. Davis, Notary Public, personally appeared ALBERT R. SHANKLE and SUSAN J. SHANKLE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

 (Seal)

NOTARY PUBLIC  
Commission No.: 12-7095-2  
My Commission Expires: 2-17-2016

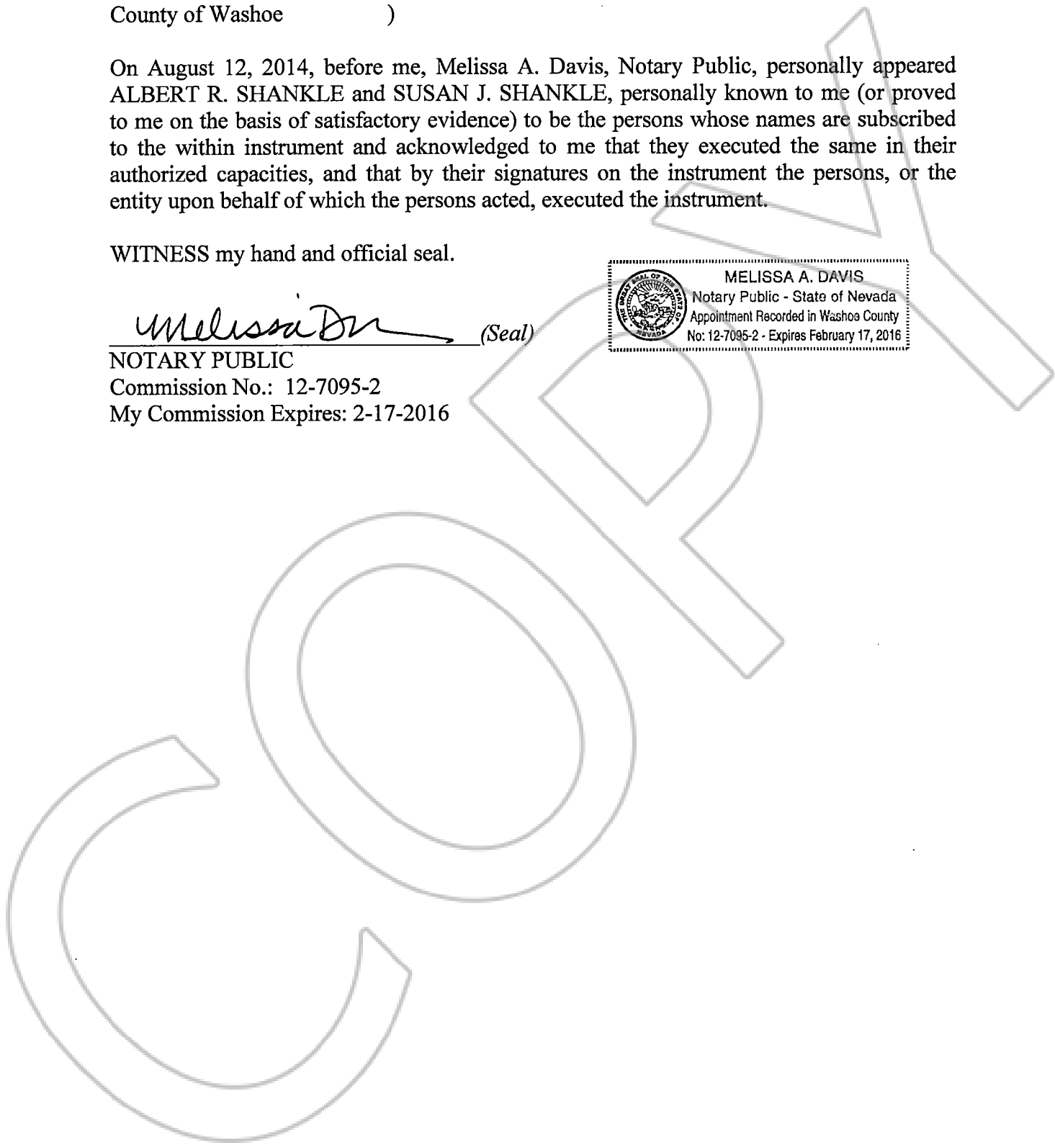
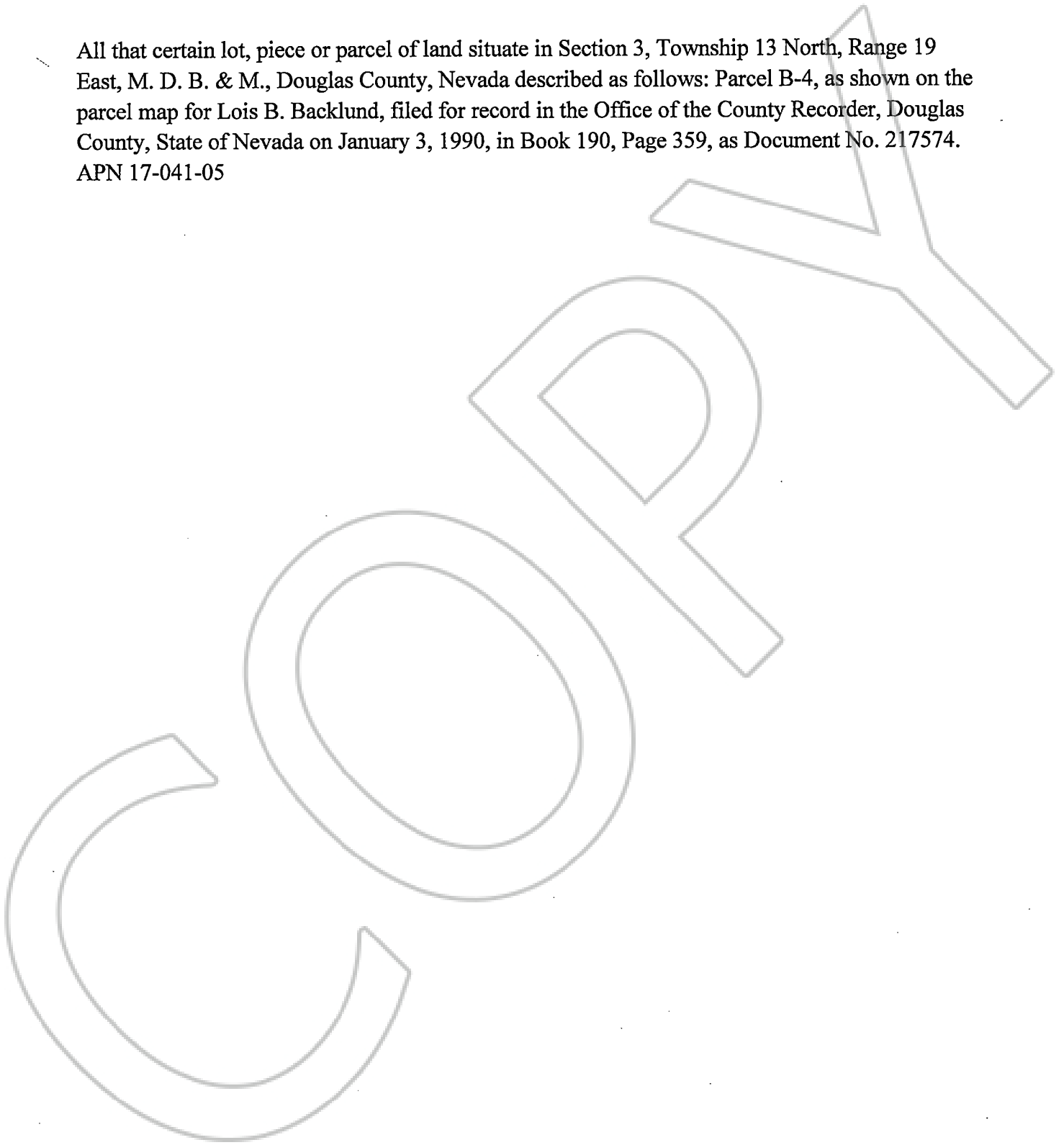


EXHIBIT "A"

All that certain lot, piece or parcel of land situate in Section 3, Township 13 North, Range 19 East, M. D. B. & M., Douglas County, Nevada described as follows: Parcel B-4, as shown on the parcel map for Lois B. Backlund, filed for record in the Office of the County Recorder, Douglas County, State of Nevada on January 3, 1990, in Book 190, Page 359, as Document No. 217574.  
APN 17-041-05



STATE OF NEVADA  
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
  - a) 0000-17-041-050
  - 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> |            |
| BOOK _____                             | PAGE _____ |
| DATE OF RECORDING: _____               |            |
| NOTES: <u>SD 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: \$ \_\_\_\_\_

- 4. If Exemption Claimed:
  - a. Transfer Tax Exemption per NRS 375.090, Section # 7
  - b. Explain Reason for Exemption: transfer to a trust with no consideration

5. Partial Interest: Percentage being transferred: 100.0 %

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 *Amber Schuld* Capacity Legal Representative

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
Albert and Susan Shankle

Print Name: \_\_\_\_\_  
Address: PO Box 93  
City: Genoa  
State: NV Zip: 89411

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
Albert and Susan Shankle, Trustees of the Shankle Family Trust

Print Name: \_\_\_\_\_  
Address: PO Box 93  
City: Genoa  
State: NV Zip: 89411

**COMPANY/PERSON REQUESTING RECORDING**

(required if not the seller or buyer)

Print Name: Law Offices of Julia S. Gold Escrow # \_\_\_\_\_  
Address: 548 West Plumb Lane Suite B  
City: Reno State: NV Zip: 89509