

152

A.P.N.: 1420-18-213-005

RECORDING REQUESTED BY



KAREN ELLISON, RECORDER

E07

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO

✓ Bonnie Ann Crumbley
282 Pegasus Ave.
Lompoc, CA 93436

THIS SPACE FOR RECORDER'S USE ONLY

The undersigned grantor(s) declare(s): Documentary Transfer tax is \$0, exemption no. 7

GRANT, BARGAIN, SALE DEED

That Bonnie Ann Crumbley, a married woman as her sole and separate property in consideration of \$10.00 Dollars, the receipt of which is hereby acknowledged, do(es) hereby Grant, Bargain, Sell and Convey to Bonnie Ann Crumbley, Trustee of the Bonnie Ann Crumbley Living Trust dated September 19, 2014 all that real property in the County of Douglas, State of Nevada, bounded and described as follows:

All that certain real property situated in the County of Douglas, State of Nevada, described as follows: Lot 178, Block C as shown on the plat of SILVERADO HEIGHTS NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on June 20, 1979 in Book 679, Page 1486 as File No. 33717.

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

Dated: September 30, 2014

Bonnie Ann Crumbley
Bonnie Ann Crumbley

STATE OF)
COUNTY OF)

On _____, 2014 personally appeared before me, a Notary Public, Bonnie Ann Crumbley who acknowledged that he executed the above instrument.

Signature _____
(Notary Public)

See following California Acknowledgment

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

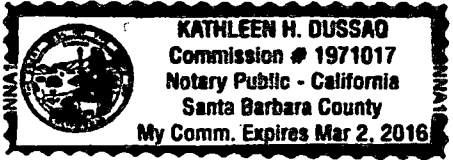
State of California

County of Santa Barbara

On September 30, 2014 before me, Kathleen H. Dussay, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Bonnie Ann Crumbley
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Kathleen H. Dussay
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Corporate Officer — Title(s): _____
<input type="checkbox"/> Individual
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee
<input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____ | <p style="text-align: center; font-weight: bold; font-size: small;">RIGHT THUMBPRINT
OF SIGNER</p> <p style="text-align: center; font-size: x-small;">Top of thumb here</p> | <input type="checkbox"/> Corporate Officer — Title(s): _____
<input type="checkbox"/> Individual
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee
<input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____ | <p style="text-align: center; font-weight: bold; font-size: small;">RIGHT THUMBPRINT
OF SIGNER</p> <p style="text-align: center; font-size: x-small;">Top of thumb here</p> |
|---|---|---|---|

Signer Is Representing: _____

Signer Is Representing: _____

State of Nevada Declaration of Value

1. **Assessor Parcel Number(s)**
 - a) 1420-18-213-005
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"/> Cmm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> Other	

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	_____
Book: _____	Page: _____
Date of Recording:	_____
Notes:	<i>at-trust OK</i>

3. **Total Value/Sale 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: DEEDING TO A TRUST, NO CONSIDERATION

5. Partial Interest: Percentage Being Transferred: 100.000%
 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 *Bonnie Ann Crumbley* Capacity *Grantor*
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

Print Name: BONNIE ANN CRUMBLEY
 Address: 282 PEGASUS AVE.
 City: LOMPOC
 State: CALIFORNIA Zip: 93436

BUYER (GRANTEE) INFORMATION

Print Name: Bonnie Ann Crumbley LIVING TRUST
 Address: 282 Pegasus Ave.
 City: Lompoc
 State: California Zip: 93436

COMPANY/PERSON REQUESTING RECORDING

Co. Name: _____
 Address: _____
 City: _____ State: _____

Esc. No.: _____
 Zip: _____