

150

APN:1320-32-712-026

The undersigned hereby affirm
that there is no
Social Security number
contained in this document.



00006567201508556550030036

KAREN ELLISON, RECORDER

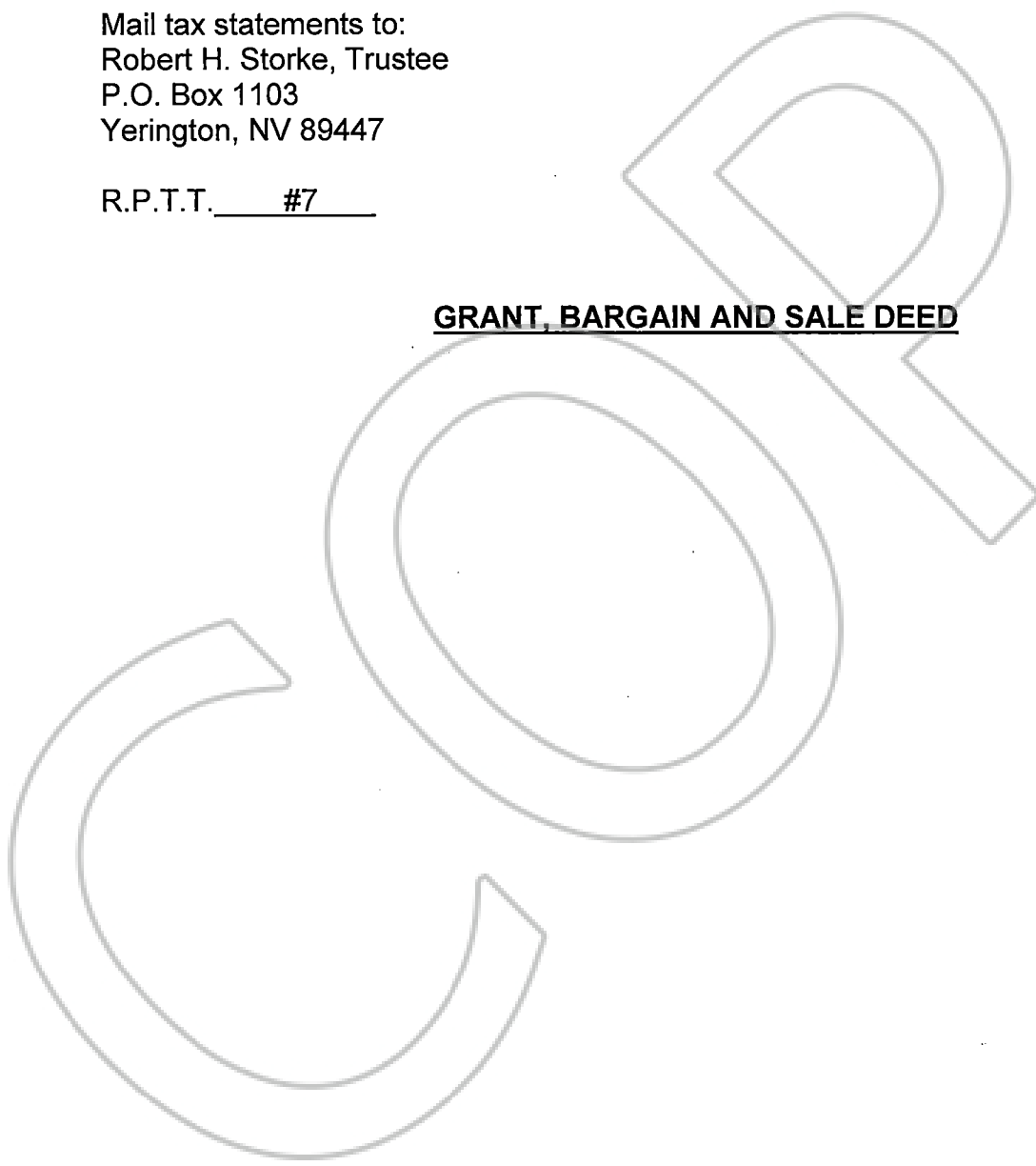
E07

✓ WHEN RECORDED MAIL TO:
GEORGE M. KEELE, ESQ.
1692 County Road, #A
Minden, NV 89423

Mail tax statements to:
Robert H. Storke, Trustee
P.O. Box 1103
Yerington, NV 89447

R.P.T.T. #7

GRANT, BARGAIN AND SALE DEED



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

(a) 1320-32-712-026
(b) _____
(c) _____
(d) _____

2. Type of Property:

| | |
|-----------------|---------------------|
| a) Vacant Land | b)X Single Fam Res. |
| c) Condo/Twnhse | d) 2-4 Plex |
| e) Apt. Bldg. | f) Comm'l/Ind'l |
| g) Agricultural | h) Mobile Home |
| l) Other | |

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: PK. Saw Trust

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: This is a transfer of title to a trust without consideration by the Grantor of the trust.

(A certificate of trust is being presented at the time of transfer.)

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 Robert H. Storke Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Robert H. Storke

Address: P.O. Box 1103

City: Yerington

State: NV Zip: 89447

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Robert H. Storke as Trustee of The

Robert H. Storke Trust

Address: P.O. Box 1103

City: Yerington

State: NV Zip: 89447

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

Print Name: George M. Keele, Esq. Escrow # _____

Address: 1692 County Road, Ste. A

City: Minden State: NV Zip: 89423