

**Assessor's Parcel No. 1420-08-213-004
RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

✓ Peter Adamco, Esq.
The Law Offices of Peter P. Adamco
P.O. Box 1564
Zephyr Cove, NV 89448



KAREN ELLISON, RECORDER E07

MAIL TAX STATEMENT TO:
TARIUS ANDREAS MACARA
PO Box 773
Zephyr Cove, NV 89448

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH: That TARIUS ANDREAS MACARA, as Successor Trustee of THE BEATE 2000 REVOCABLE TRUST, dated January 15, 2001, for no consideration, does hereby grant unto TARIUS ANDREAS MACARA, an unmarried man, all right, title and interest of the Trust to that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

LOT 23, IN BLOCK C, OF THE FINAL MAP OF SUNRIDGE HEIGHTS II, PHASE 2, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 3, 1994, AS DOCUMENT NO. 331447.

APN: 1420-08-213-004

TOGETHER WITH all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED this 12 day of FEBRUARY, 2015.

THE BEATE 2000 REVOCABLE TRUST
dated January 15, 2001

By: 
TARIUS ANDREAS MACARA,
Successor Trustee

STATE OF NEVADA)

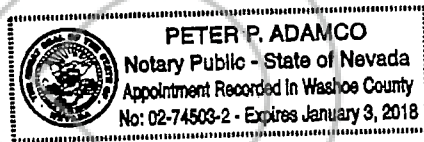
:ss.

COUNTY OF DOUGLAS)

On 2.12.15 before me, PETER P. ADAMCO personally appeared TARIUS ANDREAS MACARA, 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.

Peter P. Adamco
NOTARY PUBLIC



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-08-213-004
 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 _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Trust OK</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 # 57
 b. Explain Reason for Exemption: Transfer of title within the first degree of lineal - out of trust
consanguinity (mother to son) 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 _____ Capacity Trustee/Grantor
 Signature _____ Capacity Grantee

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

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

TARIUS ANDREAS MACARA
 Print Name: _____
 Address: PO BOX 773
 City: ZEPHYR COVE
 State: NV Zip: 89448

TARIUS ANDREAS MACARA
 Print Name: _____
 Address: PO BOX 773
 City: ZEPHYR COVE
 State: NV Zip: 89448

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: PETER P. ADAMCO, ESQ. Escrow # _____
 Address: PO BOX 1564
 City: ZEPHYR COVE State: NV Zip: 89448