

15.

1022-16-001-034

APN: ~~1319-03-110-001~~

DOUGLAS COUNTY, NV **2015-859756**
Rec:\$15.00
Total:\$15.00 **04/06/2015 11:56 AM**
KAREN L WINTERS LAW OFFICES Pgs=3

After Recording, Mail to:

✓ Carol Dixon
1465 Sandstone Dr.
Wellington, NV 89444

Mail Tax Statements to:

Same as above



KAREN ELLISON, RECORDER

E07

The undersigned affirms that this document does not contain the social security number of any person. (NRS 239B.030).

GRANT DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, this GRANT DEED is made and entered into this 3rd day of April, 2015, by and between CAROL L. DIXON, Surviving Trustee of the PAUL AND CAROL DIXON 2002 TRUST, Grantor, and CAROL L. DIXON, Trustee of THE CAROL L. DIXON SURVIVOR'S TRUST u/t/d April 3, 2015, Grantee;

Grantor hereby grants, transfers, and conveys unto the said Grantees, that certain piece and parcel of real property situated in the State of Nevada, County of Douglas, described as follows:

Lot 1, Block M, as shown on the Map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Per NRS 111.312, this legal description was previously recorded at Document No. 2015-855542 on January 12, 2015.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said party of the second part.

IN WITNESS WHEREOF, the party of the first part has executed this conveyance the day and year first above written.

PAUL AND CAROL DIXON 2002 TRUST

By: Carol L. Dixon
CAROL L. DIXON, Surviving Trustee

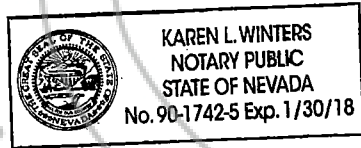
ACKNOWLEDGMENT

STATE OF NEVADA)
) : ss.
COUNTY OF DOUGLAS)

On April 3, 2015, before me, Karen L. Winters, Notary Public, personally appeared CAROL L. DIXON, 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



Karen L. Winters
NOTARY PUBLIC

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

- a) ~~1319-03-110-001~~
- b) 1012-16-001-034
- 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

Document/Instrument #: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: OK - Saw Trust Papers

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-

4. **If Exemption Claimed:**

a. Transfer Tax Exemption, per NRS 375.090, Section: 7

b. Explain Reason for Exemption: This is a transfer from Grantor's trust to Grantor's new trust, the new certificate of the Grantee Trust is being recorded concurrently. The certificate designating the surviving Trustee was recorded on 1/12/15 as Doc. No. 2015-855542.

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 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: Carol L Dixon Capacity: Grantor

Signature: Carol L Dixon Capacity: Grantee

SELLER (GRANTOR) INFORMATION (Required)

Print Name: Carol L. Dixon, Trustee
Address: 1465 Sandstone Dr.
City/State/Zip: Wellington, NV 89444

BUYER (GRANTEE) INFORMATION (Required)

Print Name: Carol L. Dixon, Trustee
Address: 1465 Sandstone Dr.
City/State/Zip: Wellington, NV 89444

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____
Address: P.O. Box 1987
City: Minden State: NV Zip: 89423