

APN: 1318-22-002-040

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:  
DROBNY LAW OFFICES, INC.  
A Professional Corporation  
4180 Truxel Road, Suite 100  
Sacramento, CA 95834



KAREN ELLISON, RECORDER

E07

MAIL TAX STATEMENTS TO:  
John W. Kilgour, Trustee  
2321 O Street  
Sacramento, CA 95816  
**RPTT: \$0.00**

### QUITCLAIM DEED

The undersigned grantors declare:

This conveyance transfers the grantors' interest into her revocable living trust."

(X) Transfer to a revocable trust. "**Inter Vivos Gift.**" This is a Trust Transfer under NRS 375.090-7

( ) Documentary transfer tax is \$-0-; and

FOR NO CONSIDERATION,

John W. Kilgour, an unmarried man

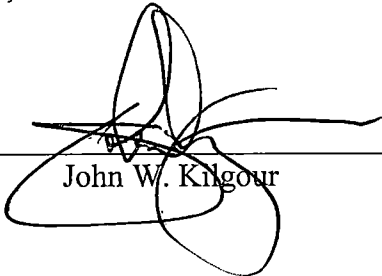
hereby grants to JOHN W. KILGOUR, Trustee of THE JOHN W. KILGOUR FAMILY TRUST  
dated January 21, 2008

all of his right, title, and interest in and to the following described real property in the County of  
**Douglas**, State of **Nevada**:

**LEGAL DESCRIPTION:** LOT 54 IN BLOCK 2 AS SHOWN ON THE OFFICIAL MAP  
OF OLIVER PARK, FILED IN THE OFFICE OF THE COUNTY  
RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA  
ON FEBRUARY 3, 1959 IN BOOK 1 OF MAPS AS  
DOCUMENT NO. 14034

**A.P.N.:** 1318-22-002-040  
**Commonly described as:** 167 Faris Court, Stateline, NV 89449

DATED: June 2, 2015

  
John W. Kilgour

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

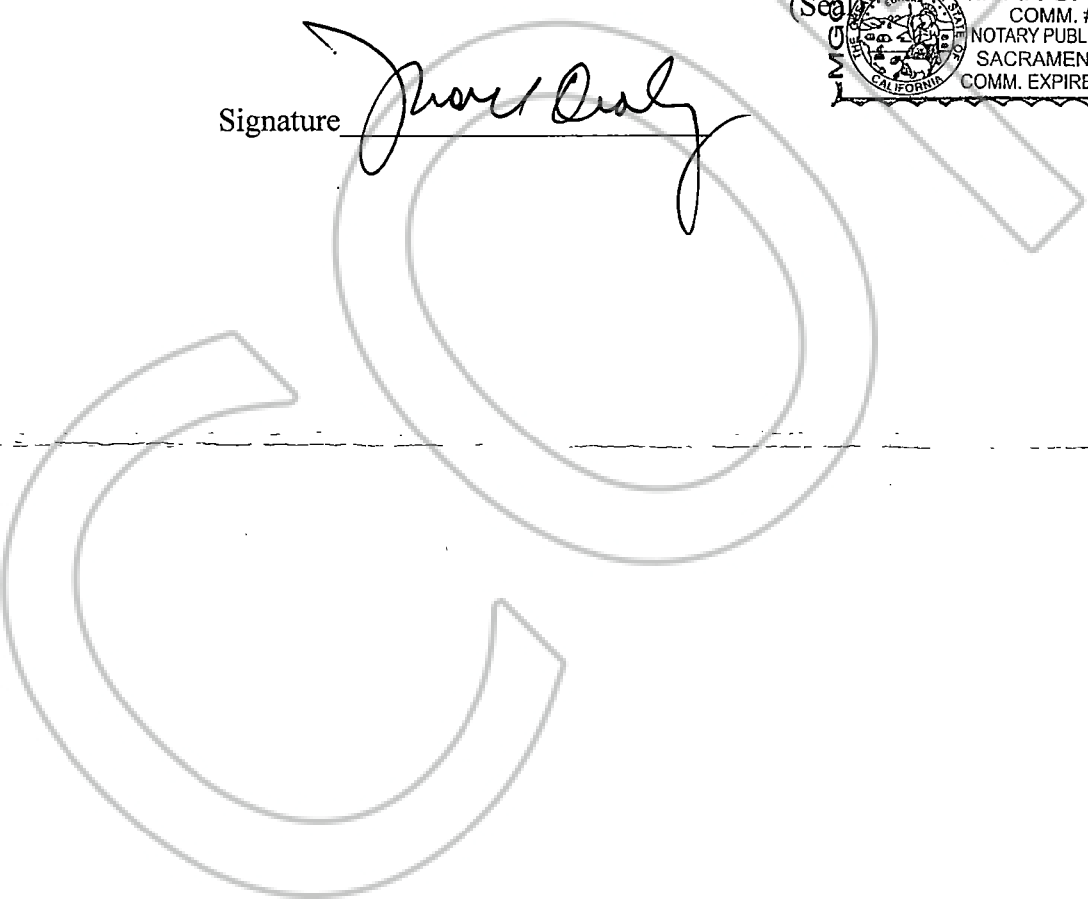
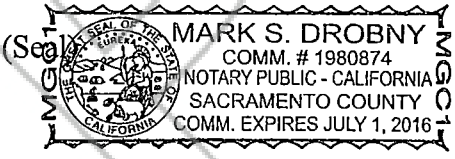
State of California )  
 )  
County of Sacramento )

On June 2, 2015, before me, MARK S. DROBNY, a notary public, personally appeared JOHN W. KILGOUR, who 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.

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 *Mark Drobny*



**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 1318-22-002-040  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

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"/> Comm'l/Ind'l                |
| g. <input type="checkbox"/> Agricultural | h. <input type="checkbox"/> Mobile Home                 |
| <input type="checkbox"/> Other           |   |

FOR RECORDERS OPTIONAL USE ONLY  
 Book \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: \_\_\_\_\_  
 Notes: *SD-Trust Verified*

3. a. Total Value/Sales Price of Property \$ 0.00  
 b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ ) )  
 c. Transfer Tax Value: \$ \_\_\_\_\_  
 d. Real Property Transfer Tax Due \$ 0.00

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 07  
 b. Explain Reason for Exemption: Transfer of real property interest to living trust 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 *[Signature]* Capacity: owner/trustee  
 Signature \_\_\_\_\_ Capacity: \_\_\_\_\_

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

Print Name: John W. Kilgour  
 Address: 2321 O Street  
 City: Sacramento  
 State: CA Zip: 95816

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

Print Name: John W. Kilgour, Trustee  
 Address: 2321 O Street  
 City: Sacramento  
 State: CA Zip: 95816

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_