

RECORDING REQUESTED BY

SEAN S. HANLEY

WHEN RECORDED MAIL TO
AND MAIL TAX STATEMENTS TO



KAREN ELLISON, RECORDER

E07

Name: Bob and Vivian Summers
Address: P. O. Box 2361
City, State, Zip: Cupertino, CA 95015

THIS SPACE FOR RECORDER'S USE ONLY

A.P.N. 1420-18-113-090 GRANT, BARGAIN, SALE DEED

ROBERT L. SUMMERS AND VIVIAN SUMMERS, husband and wife as joint tenants with right of survivorship

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to ROBERT L. SUMMERS AND VIVIAN Y. SUMMERS, Trustees of the Summers Family Living Trust

the real property situate in the County of Douglas, State of Nevada, described as follows:

LOT 232, BLOCK D, AS SHOWN ON THE PLAT OF SILVERADO HEIGHTS NO. 2 FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 33717, ON JUNE 20, 1979.

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.

Commonly Known as: 904 Amador, Carson City, NV 89701

Dated: 6/16/15

ROBERT L. SUMMERS

VIVIAN Y. SUMMERS

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 SANTA CLARA) SS

On 6-15, 2015, before me, Michelle McCarthy, a notary public, personally appeared Robert L. Summers and Vivian Y. Summers, who 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.



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

WITNESS my hand and official seal.

Signature
Michelle McCarthy

State of Nevada
Declaration of Value

FOR RECORDER'S OPTIONAL USE ONLY

Document/Instrument # _____
Book: _____ Page: _____
Date of Recording: _____
Notes: Trust OK - JH

1. Assessor Parcel Number(s):
a) 1420-18-113-090
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 _____

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: GRANTORS TRANSFER/CONVEYS THEIR INTEREST INTO THEIR LIVING TRUST - GRANTEE'S - TRUSTEES WITHOUT Consideration
5. Partial Interest: Percentage being transferred: N/A %

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 therein. 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 Robert L. Summers Capacity GRANTOR/GRANTEE
Signature Vivian Y. Summers Capacity GRANTOR/GRANTEE

SELLER (GRANTOR) INFORMATION

(REQUIRED) VIVIAN Y. SUMMERS
Print Name: ROBERT L. SUMMERS
Address: P.O. Box 23161
City: CUPERTINO
State: CA Zip 95015

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: ROBERT L. SUMMERS
Address: VIVIAN Y. SUMMERS
City: TRUSTEES OF LIVING TRUST
State: _____ Zip _____

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

Print Name: LAW OFFICE SEAN S. WANLEY Escrow # _____
Address: 1091 LINCOLN AVE.
City: SAN JOSE State CA Zip 95125

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)