



KAREN ELLISON, RECORDER E07

A.P.N.: 1320-06-001-003  
File No: 143-2494212 (JL)  
R.P.T.T.: \$

When Recorded Mail To: Mail Tax Statements To:  
Gary D. Midkiff and Pamala Toler Midkiff  
Post Office Box 12427  
Zephyr Cove , NV 89448

**GRANT, BARGAIN and SALE DEED**

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Gary D. Midkiff and Pamala Toler Midkiff Husband and Wife as tenants in common

do(es) hereby GRANT, BARGAIN and SELL to

Gary D. Midkiff and Pamala Toler Midkiff, trustees of the Midkiff – 2000 Trust

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

**PARCEL C:**

**PARCEL 1 AS SHOWN ON THE PARCEL MAP FOR WILLIAM JOHNSON, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON AUGUST 25, 1983, FILE NO. 86083.**

**PARCEL D:**

**AN EASEMENT FOR ROADWAY AND PUBLIC UTILITIES ACROSS THE EAST 25 FEET OF PARCELS 2A AND 2B AS SHOWN ON THE PARCEL MAP FOR KIMBERLEE NENZEL, FILED DECEMBER 2, 1986, FILE NO. 145979.**

Subject to

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

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.

Date: 11/21/2015

Gary D. Midkiff  
Gary D. Midkiff


Pamala Toler Midkiff  
Pamala Toler Midkiff

STATE OF **NEVADA** )  
 )  
COUNTY OF **DOUGLAS** )  
 )  
:SS.

This instrument was acknowledged before me on this:  
21st day of November, 2015

By: Gary D. Midkiff  
Pamala Toler Midkiff  
By: \_\_\_\_\_ / Its: \_\_\_\_\_  
J. Lane

Notary Public  
(My commission expires: 3-16-17)

 J. LANE  
Notary Public-State of Nevada  
APPT NO. 98-1380-5  
My App. Expires March 16, 2017

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1320-06-001-003  
 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 \_\_\_\_\_

|  |            |
|--|------------|
| <b>FOR RECORDERS OPTIONAL USE ONLY</b> |            |
| BOOK _____                             | PAGE _____ |
| DATE OF RECORDING: _____               |            |
| NOTES: <u>Verified Trust - JK</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 # 7  
 b. Explain Reason for Exemption: Transfer to 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 Pamela T. Mickloff Capacity Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Pamela T. Mickloff  
 Address: PO Box 12427  
 City: Zephyr Cove  
 State: NV Zip: 89448

Print Name: Pamela T. Mickloff  
 Address: PO Box 12427  
 City: Zephyr Cove  
 State: NV Zip: 89448

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)