



KAREN ELLISON, RECORDER E07

THIS SPACE PROVIDED FOR RECORDER'S USE ONLY:

PARCEL NUMBER: 1318-22-002-048
WHEN RECORDED RETURN TO:
Clifford Lee Samoville and Sandra Marie Samoville
~~171 Kante~~ PO BOX 2496
Stateline, NV 89449

GRANT DEED

THE GRANTOR(S),
- Clifford L. Samoville and Sandra M. Samoville
grants to:

The GRANTEE(S):
The Clifford Lee Samoville and Sandra Marie Samoville Revocable Living Trust, the following
described real estate, situated in Stateline, in the County of Douglas, State of Nevada:

(LEGAL DESCRIPTION): Lot 4 in Block 2 of Oliver Park, official map, according to the map thereof,
filed in the Office of the County Recorder of Douglas County, State of Nevada, on February 2, 1959 in
Book I as Document Number 14034.

Tax Parcel Number: 1318-22-002-048

Mail Tax Statements To:
Clifford Lee Samoville and Sandra Marie Samoville
~~171 Kante~~ PO BOX 2496
Stateline, NV 89449

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Grantor(s) Signatures:

DATED: 3-21-2016

Clifford Lee Samoville
Clifford Lee Samoville
171 Kahle
Stateline, NV 89449

Sandra Marie Samoville
Sandra Marie Samoville

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

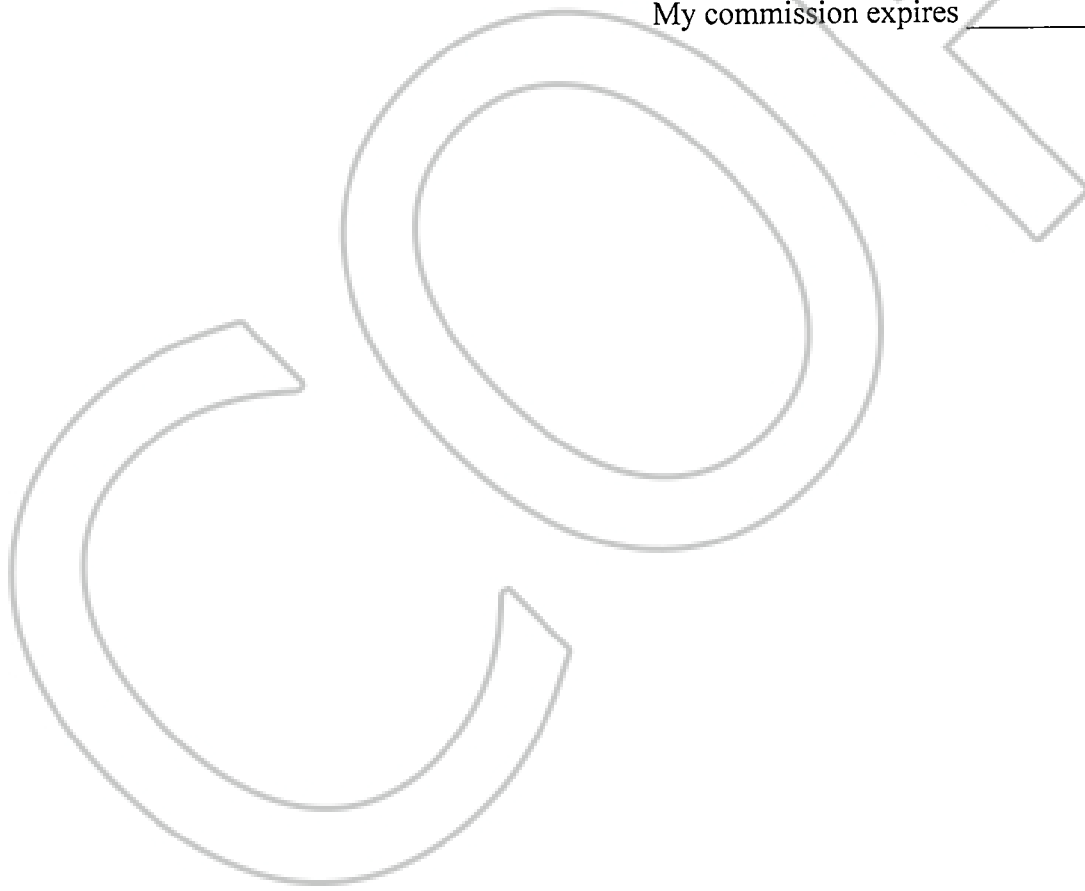
This instrument was acknowledged before me on this _____ day of _____, _____ by
Rebecca Crowe.

*See
Attached*

Notary Public

Title (and Rank)

My commission expires _____



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 EL DORADO) ss.

On 3-21-2016 before me, LILA M. ROHRICH, Notary Public personally appeared Clifford Lee Samoville and Sandra Marie Samoville

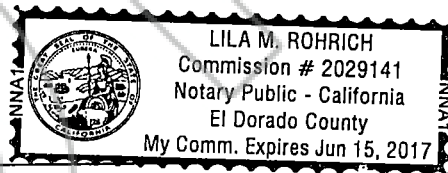
, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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

Lila M. Rohrich

LILA M. ROHRICH



-----OPTIONAL-----

Description of Attached Document

Title or Type of Document:

Grant Deed

Document Date: *3-21-16*

Number of Pages:

Signer(s) Other Than Named Above: *none*

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	_____
Book: _____	Page: _____
Date of Recording:	_____
Notes:	<i>Vertical Trust</i>

- 1. Assessor Parcel Number (s)**
 a) 1318-22-002-048
 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 |
| i) <input type="checkbox"/> | Other | | |

- 3. Total Value/Sales Price of Property:** \$ 0
 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: A transfer of title to or from a trust without consideration if a certificate of trust is presented at the time of transfer.

5. Partial Interest: Percentage being transferred: 100 %

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 *Clifford L. Samovillo* Capacity owner
 Signature *Sandra M. Samovillo* Capacity owner

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Clifford L. Samovillo
 Address: PO Box 2496
 City: Stateline
 State: NV Zip: 89449

(REQUIRED)
 Print Name: Sandra M. Samovillo
 Address: PO Box 2496
 City: Stateline NV
 State: NV Zip: 89449

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____