

A.P.N.: 1220-16-810-059

R.P.T.T.:



KAREN ELLISON, RECORDER

E07

GRANTEES/MAIL TAX STATEMENTS TO:
DANILE L. WALTERS, Co-Trustee
SHERI L WALTERS, Co- Trustee
P.O. Box 58
Genoa, NV 89411

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE, made on October 5, 2016, by and between DANIEL L. WALTERS and SHERI L. WALTERS, grantors, and DANIEL L. WALTERS and SHERI L. WALTERS, Trustees of "THE WALTERS FAMILY 2003 TRUST," of P.O. Box 58, Genoa, Nevada 89411, grantees,

WITNESSETH:

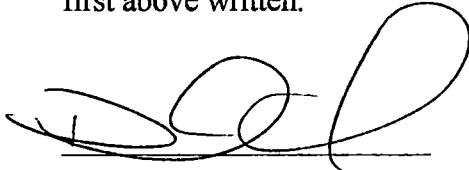
That the grantors, in consideration of the sum of Ten and No/100 Dollars (\$10.00), lawful money of the United States, and other good and valuable consideration to them in hand paid by the grantees, the receipt whereof is hereby acknowledged, do by these presents grant, bargain, and sell to the grantees, and to their successors and assigns, all that certain parcel of real property located in the county of Douglas, state of Nevada and more particularly described as follows:

ALL OF LOT 15, IN BLOCK 2, OF C.E.S. SUBDIVISION, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, SATE OF NEVADA, ON JULY 2, 1980, IN BOOK 780, PAGE 100, AS DOCUMENT NO. 45875 AND CERTIFICATE OF AMENDMENT RECORDED AUGUST 13, 1982, IN BOOK 882, PAGE 575, AS DOCUMENT NO. 70146

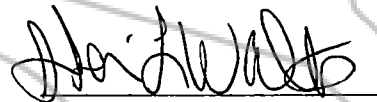
TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and reversion and reversions, remainder or remainders, rents, issues, and profits thereof.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said grantees and to their successors and assigns forever.

In witness whereof, the grantors have executed this conveyance the day and year first above written.



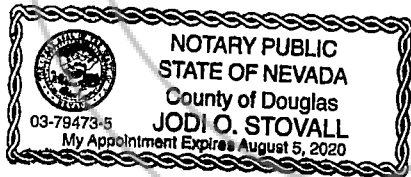
DANIEL L WALTERS



SHERI L WALTERS

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On October 5 2016, personally appeared before me, a notary public, DANIEL L. WALTERS and SHERI L. WALTERS, personally known (or proved) to me to be the persons whose names are subscribed to the forgoing Grant, Bargain and Sale Deed, who acknowledge to me that they executed the forgoing document



NOTARY PUBLIC

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1220-16-810-059
 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 _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Trust OK - JW</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: To a trust without consideration

5. Partial Interest: Percentage being transferred: 100.0 %

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 GRANTOR/TRUSTEE

Signature [Signature] Capacity GRANTOR/TRUSTEE

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Daniel L Walters and Sheri L Walters
 Address: P.O. Box 58
 City: Genoa
 State: NV Zip: 89411

Print Name: The Walters Family 2003 Trust
 Address: P.O. Box 58
 City: Genoa
 State: NV Zip: 89411

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)