

RECORDING REQUESTED BY:

JOSEPH G. SOARES

MAIL TAX STATEMENTS AND
WHEN RECORDED MAIL TO:

**JOSEPH G. SOARES
2672 NYE DRIVE
MINDEN, NV 89423**



KAREN ELLISON, RECORDER

E07

APN: 1420-35-311-006

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

GRANT DEED

The Undersigned Grantor(s) declare(s): DOCUMENTARY TRANSFER TAX \$0; CITY TRANSFER TAX \$0.

THERE IS NO CONSIDERATION FOR THIS TRANSFER.

There is no Documentary transfer tax due. This is a Trust Transfer under Section 62(d) of the Revenue and Taxation Code: Transfer to a revocable trust. This conveyance trust transfers an interest into or out of a Living Trust, R & T 11930.

FOR A VALUABLE CONSIDERATION, receipt of which is acknowledged,

JOSEPH G. SOARES, a single man

do Grant to

**JOSEPH G. SOARES as Trustee of the JOSEPH G. SOARES LIVING TRUST dated
October 24, 2016**

The real property in the City Of Minden, County of Douglas, State of Nevada, described as follows:

**LOT ONE HUNDRED THREE (103) OF FINAL SUBDIVISION MAP FSM#94-04-03
FOR SKYLINE RANCH PHASE 3 IN DOUGLAS COUNTY NEVADA, AS SHOWN BY
MAP THEREOF RECORDED ON JULY 5, 2005 ON FILE IN BOOK 705 PAGE 1491
AS DOCUMENT NO. 648689, IN THE OFFICE OF THE COUNTY RECORDER OF
DOUGLAS COUNTY, NEVADA**

Commonly known as: 2672 Nye Drive, Minden, NV 89423

Assessor's Panel Number: 1420-35-311-006

MAIL TAX STATEMENTS TO:

Joseph G. Soares
2672 Nye Drive
Minden, NV 89423

The parties each acknowledge that this is a transmutation of the Client separate and/or community property interest in the above-described real property commonly known as 2672 Nye Drive, Minden, NV 89423, into community property shared between the Client.

Dated: **October 24, 2016**

Joseph G. Soares

Client: **Joseph G. Soares**

MAIL TAX STATEMENTS TO:

Joseph G. Soares
2672 Nye Drive
Minden, NV 89423

ACKNOWLEDGMENT

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 ALAMEDA

On 10-24-2016 before me, ANGEL M. SARMIENTO JR
(insert name and title of the officer)

personally appeared JOSEPH G SOARES 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 [Handwritten Signature] (Seal)



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-35-31-004
 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>W-Trust OK.</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 # 17
 b. Explain Reason for Exemption: transfer in trust w/ out a 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 Joseph G. Soares Capacity GRANTOR

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: JOSEPH G SOARES
 Address: 2672 NYE DR
 City: MINDEN
 State: NV Zip: 89423

Print Name: Joseph G Soares LIVING TRUST
 Address: SOME
 City: _____
 State: _____ Zip: _____

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)