

116

Document Transfer Tax - \$0 - #7
Assessor's Parcel No. 1320-29-118-007



KAREN ELLISON, RECORDER E07

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:

Susan Y. Alphonso, Trustee
P.O. Box 8383
South Lake Tahoe, CA 96158

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

GRANT, BARGAIN, SALE DEED

FOR NO CONSIDERATION,

Susan Y. Alphonso, an unmarried woman,
who took title as Susan Yates Alphonso, an unmarried woman,

hereby grants to

SUSAN Y. ALPHONSO, Trustee of the SUSAN Y. ALPHONSO REVOCABLE TRUST
dated October 23, 2008, as amended,

all that real property situated in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Together with all and singular the tenements, hereditaments and appurtenances thereunto
belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits
thereof.

Dated: 12-20-2016

Susan Yates Alphonso
also known as Susan Y. Alphonso

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.

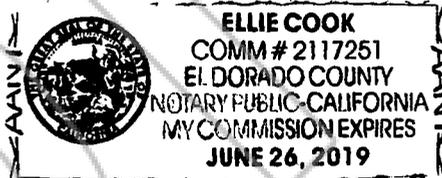
STATE OF CALIFORNIA
COUNTY OF EL DORADO

On December 20, 2016, before me Ellie Cook,
Notary Public, personally appeared SUSAN Y. ALPHONSO, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person 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.

Ellie Cook



GRANT, BARGAIN SALE DEED
Assessor's Parcel No. 1320-29-118-007

EXHIBIT "A"

All that certain property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1:

Unit 141, as shown on the Official Plat of WINHAVEN, UNIT NO. 4, PHASE B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 19, 1993, in Book 893, Page 3899, Document No. 315527.

PARCEL 2:

A Non-Exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in the Declaration of Covenants, Conditions and Restrictions, recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

Assessor's Parcel No: 1320-29-118-007

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 1320-29-118-007
 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	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING:	_____
NOTES:	<u>Trust OK EC</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: \$ \$0.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 7
 b. Explain Reason for Exemption: Transfer to revocable 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: *Susan Y. Alphonso* Capacity Grantor/Grantee
 Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Susan Y. Alphonso
 Address: P.O. Box 8383
 City: South Lake Tahoe
 State: CA Zip: 96158

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Susan Y. Alphonso, Trustee
 Address: P.O. Box 8383
 City: South Lake Tahoe
 State: CA Zip: 96158

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Joseph W. Tillson, Esq. Escrow # _____
 Address: 589 Tahoe Keys Boulevard, Ste E-4
 City: South Lake Tahoe State: CA Zip: 96150

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