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KAREN ELLISON, RECORDER E07

**Recording requested by:**

LERA TIBERINI PC

**When recorded mail to:**

DANIEL M. CALCAGNO and  
KATHLEEN L. CALCAGNO  
c/o Gina L. Lera, Esq.  
Lera Tiberini PC

✓ 455 Capitol Mall, Suite 350  
Sacramento, CA 95814

Space above this line for recorder's use

**GRANT DEED**

The undersigned Grantor(s) declare(s) under penalty of perjury that the following is true and correct:

Documentary transfer tax is \$ -0-. **Not pursuant to sale. Conveyance is a transfer of title to a revocable trust without consideration. Exempt per NRS 375.090, Exemption 7.**

- Computed on full value of property conveyed, or
- Computed on full value of liens and encumbrances remaining at time of sale or transfer.
- Unincorporated area;  City of \_\_\_\_\_.

GRANTOR(S): DANIEL M. CALCAGNO and KATHLEEN L. CALCAGNO, husband and wife as community property, as to an undivided 1/2 interest,

hereby GRANT(S) to: DANIEL M. CALCAGNO and KATHLEEN L. CALCAGNO, as trustees of the CALCAGNO FAMILY TRUST established December 13, 2017, as to an undivided 1/2 interest,

the following described real property in the County of **DOUGLAS**, State of **NEVADA**:

Lot 11, Block C, as shown on the office map of Kingsbury Meadows Subdivision, recorded in the office of the County Recorder on July 5, 1955, in Book 1 of Maps, as Document No. 10542.

APN: 007-205-110

Address: 192 Juniper Drive, Stateline, NV

Dated: 12-13-2016

*Daniel M Calcagno*  
DANIEL M. CALCAGNO

*Kathleen L Calcagno*  
KATHLEEN L. CALCAGNO

**SEE NEXT PAGE FOR NOTARY ACKNOWLEDGMENT**

**MAIL TAX STATEMENTS TO:**

DANIEL M. CALCAGNO and KATHLEEN L. CALCAGNO, 5606 Haskell Avenue, Carmichael, CA 95608

**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 Sacramento

On 12-13-16, before me, Kathy I. Lewis, a notary public, personally appeared DANIEL M. CALCAGNO and KATHLEEN L. CALCAGNO 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 Kathy I. Lewis



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 007-205-110  
 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 OR BL</u>	

3. Total Value/Sales Price of Property: \$ \$0.00  
 Deed in Lieu of Foreclosure Only (value of property) (\$0.00)  
 Transfer Tax Value: \$ \$0.00  
 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: Conveyance is a transfer of title to a 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 Daniel M Calcagno Capacity Seller

Signature Daniel M Calcagno Capacity Buyer/Trustees

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Daniel and Kathleen Calcagno  
 Address: 5606 Haskell Avenue  
 City: Carmichael  
 State: CA Zip: 95608

Print Name: Daniel and Kathleen Calcagno, Trustees  
 Address: 5606 Haskell Avenue  
 City: Carmichael  
 State: CA Zip: 95608

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Gina L. Lera, Esq. Escrow # N/A  
 Address: 455 Capitol Mall, Suite 350  
 City: Sacramento State: CA Zip: 95814

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