

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME DAVID BERRY AND PAMELA BERRY
STREET ADDRESS 7981 ROSEBUD ST.
CITY, STATE & ZIP CODE ALTA LOMA, CA. 91701



KAREN ELLISON, RECORDER

E07

TITLE ORDER NO. ESCROW NO. SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

GRANT DEED

APN: 1318-10-415-069

The undersigned grantor(s) declare(s):

DOCUMENTARY TRANSFER TAX \$

[ ] computed on full value of property conveyed, or

[ ] computed on full value less liens and encumbrances remaining at time of sale.

[ ] Unincorporated Area [ ] City of

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) DAVID BERRY AND PAMELA BERRY

hereby remise, release and grant to THE DAVID W. BERRY AND PAMELA J BERRY FAMILY TRUST, DAVID BERRY AND PAMELA BERRY AS TRUSTEES.

the following described real property in the City of ZEPHYR COVE, County of DOUGLAS State of California, with the following legal description:

NEVADA

LOT 3, IN BLOCK C, AS SHOWN ON THE MAP OF ZEPHYR HEIGHTS, NO. 4 SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JUNE 7, 1955.

8-15-2017

Date

David W. Berry

Signature of Grantor

DAVID W. BERRY

Typed or Printed Name of Grantor

Pamela J. Berry

Signature of Grantor

Pamela J. BERRY

Typed or Printed Name of Grantor

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 Nevada

COUNTY OF DOUGLAS

On 8-15-17 before me, Jodi O Stovall

(Date)

(Name and title of the officer)

personally appeared David W. Berry and Pamela J. Berry who proved to me on the basis of

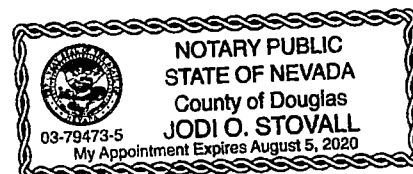
(Name of person signing)

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.

Jodi O Stovall
Signature of officer



(Seal)

\* There are various types of deed forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1318-10-415-069  
 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 - JB</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: TRANSFER TO GRANTORS TRUST WITHOUT CONSIDERATION.

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 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 David W. Berry Capacity OWNER  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: DAVID AND PAMELA BERRY  
 Address: 7981 ROSEWOOD ST.  
 City: ALTA LOMA  
 State: CA. Zip: 91701

Print Name: SAME  
 Address: THE DAVID W. BERRY AND PAMELA'S  
 City: BERRY FAMILY TRUST  
 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)