DOUGLAS COUNTY, NV Rec:\$35.00

KAREN ELLISON, RECORDER

2018-910873

02/27/2018 01:18 PM

Pgs=3

DAVID L. COCHRAN

Total:\$35.00



RECORDING REQUESTED WHEN RECORDED, RETURN DEED AND MAIL TAX BILL TO:

DAVID L. COCHRAN Post Office Box 452 Genoa, Nevada

A.P.N.: 1319-10-<del>201</del>-011 210

Pursuant to NRS 238B.03, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

## TRUST TRANSFER DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, DAVID L. COCHRAN, a married man as his sole and separate property ("Grantor") does hereby GRANT, BARGAIN and CONVEY to DAVID L. COCHRAN, Trustee of the David L. Cochran 2018 Trust (Grantee), all that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

A parcel of land situated within Sections 9 & 10, Township 13 North Range 19 East, M.D.B.&M., County of Douglas, State of Nevada, more particularly described as follows:

Parcel 1 as set forth on Parcel Map of CEBB GRIT TRUST, BEVERLY BROWN BUTLER TRUSTEE, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on June 28, 1994 in Book 694, Page 5185, as Document No. 340719.

Together with the tenements, hereditaments and appurtenances belonging thereto or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD said premises, with the appurtenances, unto

//

said Grantee and Grantee's heirs and assigns forever.

DATED this day of February 2018.

DAVID L. COCHRAN

STATE OF NEVADA ) )ss.

COUNTY OF DOUGLAS

On the 15th day of February 2018, personally appeared before me, a Notary Public in and for said County and State, DAVID L. COCHRAN, who acknowledged to me that she executed the foregoing Grant Bargain and Sale Deed.

**M**OTARY PUBLIC



NOTARY PUBLIC STATE OF NEVADA County of Carson City TYLER WAFLBROCK My Appointment Expires June 3, 2021

STATE OF			
	TION OF VALUE ssor Parcel Number(s)		^
	1319-10- <del>20</del> 1-011		/\
a)	210		( )
b)	210		\ \
c)			\ \
d)			\ \
	an.		\ \
2. Ty <u>p</u> e	e of Property:		\ \
a) 🗸	Vacant Land b) Single Fam. F	Res.	
c) [	Condo/Twnhse d) 2-4 Plex	FOR RECORD	ERS OPTIONAL USE ONLY
e)	Apt. Bldg f) Comm'l/Ind'l	воок	PAGE
´ [	~ · · · · · · · · · · · · · · · · · · ·	DATE OF RECOR	RDING:
g) <b>⊢</b>	7 2	NOTES:	to O Thust
i)	Other	Ver	Mitte March
			<u> </u>
3. Total	l Value/Sales Price of Property:	<b>\$</b>	
	in Lieu of Foreclosure Only (value of propert	y) (	
	sfer Tax Value:	\$	<u> </u>
Real	Property Transfer Tax Due:	\$	
	\		] ]
4. <u>If Ex</u>	temption Claimed:	\ \ \	/ /
a	n. Transfer Tax Exemption per NRS 375.090	), Section #7	1.4 1
t	<ul> <li>Explain Reason for Exemption: Transfer</li> </ul>	to Trust	without consideration
			<u></u>
		. \ <	
<ol><li>Parti</li></ol>	al Interest: Percentage being transferred:	<u>100.0</u> %	
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			
	gree that disallowance of any claimed exer		
	a penalty of 10% of the tax due plus interes		,
result in a penalty of 1070 of the tax due plus interest at 170 per month.			
Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.			
	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		-
Signature	to tuck Hack	Capacity	Trustor
	1000	_/ · /	
Signature	Hard Atach	Capacity	Trustee
	V		<del></del>
SEL	LER (GRANTOR) INFORMATION	BUYER (GI	RANTEE) INFORMATION
	REQUIRED)		QUIRED)
`		(	,
Print Name: David L. Cochran		Print Name: David L.	Cochran
Address: POB 452		Address: POB 452	
City: Gen		City: Genoa	
State: Nevac		State: Nevada	Zip: 89411
			1
COMPANY/PERSON REQUESTING RECORDING			
	red if not the seller or buyer)		
Print Name:		Escrow#	
Address:			
City:	State:		Zip:
(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)			