

**RECORDING REQUESTED BY:**

Steven F. Salazar, Esq.



KAREN ELLISON, RECORDER

E07

**WHEN RECORDED MAIL TO  
AND MAIL TAX STATEMENTS TO:**

NAME: Susan Joyce Iida  
P.O. Box 10512  
ADDRESS: 107A Spooner Lane  
Zephyr Cove, NV 89448  
CITY:  
STATE/ZIP:

Title Order No.: \_\_\_\_\_ Space Above This Line For Recorder's Use Escrow No. \_\_\_\_\_

**TRUST TRANSFER GRANT DEED**

THE UNDERSIGNED GRANTOR(S) DECLARE(S):

DOCUMENTARY TRANSFER TAX is \$ 0.00 . CITY TAX \$ 0.00 .

- Computed on full value of property conveyed, or  Computed on full value less value of liens or encumbrances remaining at time of sale or transfer.
- Unincorporated area:  City of ZEPHYR COVE , and
- "This conveyance transfers the grantor's interest into his or her revocable trust, R & T 11911".
- Excluded from Reappraisal Under Proposition 13, California Constitution Article 13A § 1, et seq.
- This conveyance does not constitute a "change of ownership", R & T 62.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

SUSAN J. IIDA, a Single Woman

hereby GRANT(s) to

SUSAN JOYCE IIDA, Trustee of the SUSAN JOYCE IIDA TRUST OF 2018, dated March 26, 2018

the following described real property in the County of DOUGLAS , State of California  
(Assessor's Parcel No. 1318-23-212-033 ):

LOT 14, OF LAKE VILLAGE UNIT NO. 2C, AS SHOWN ON THE OFFICIAL MAP RECORDED IN THE  
OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 10,  
1972, IN BOOK 97, AT PAGE 442, AS DOCUMENT NO. 58214.

Dated: March 26, 2018

SUSAN J. IIDA, aka SUSAN JOYCE IIDA

# 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 FRESNO

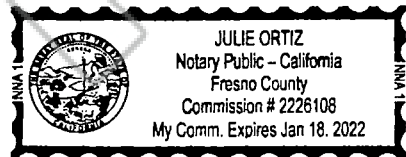
On MAR. 26, 2018 before me, JULIE ORTIZ, NOTARY PUBLIC  
(insert name and title of the officer)

personally appeared Susan Joyce Iida,  
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  (Seal)



Description: Trust Transfer Grant Deed  
APN: 1318.23.212.033

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1318-23-212-033  
 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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Verified Trust</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: Transfer to Grantor's Revocable Trust without consideration

5. Partial Interest: Percentage being transferred: 100.0 %

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 [Signature] Capacity Attorney for Grantor

Signature [Signature] Capacity Attorney for Grantee

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

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

Print Name: SUSAN J. IIDA  
 Address: P.O BOX 10512  
 City: ZEPHYR COVE  
 State: NEVADA Zip: 89448

Print Name: SUSAN JOYCE IIDA, TRUSTEE  
 Address: P.O. BOX 10512  
 City: ZEPHYR COVE  
 State: NEVADA Zip: 89448

**COMPANY/PERSON REQUESTING RECORDING**

(required if not the seller or buyer)

Print Name: STEVEN F. SALAZAR, Attorney at Law Escrow # N/A  
 Address: 5424 N. Palm Avenue, Ste. 101A  
 City: Fresno State: California Zip: 93704

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