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KAREN ELLISON, RECORDER

E07

APN: 1320-32-712-015
Return document to:
Ariane Walter
PO Box 2322
Gardnerville, NV 89410

Mail tax statements to:
Walter Properties, LLC
PO Box 2322
Gardnerville, NV 89410

In compliance with NRS 239B.030, I, the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security number.

GRANT DEED

This GRANT DEED, executed this 19th day of September, 2018, by the grantor,
Michael Walter and Ariane Walter, Husband and Wife as Joint Tenants with Right of Survivorship

for the consideration of \$0.00

in hand paid, does hereby grant, bargain, and sell forever to the grantee,
Michael Walter and Ariane Walter, trustees of The Walter Living Trust dated May 8, 2002 and to the heirs and assigns of such Grantee forever,

all right, title, and interest in and to the following real property situated in the County of Douglas, State of Nevada, legally described as:

Commonly known as: 1521 Mill Creek Way, Gardnerville, NV 89410
Source of title:
Lot 15, as set forth on the Final Map for MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337, as Document No. 252075

THIS CONVEYANCE is made subject to:

All the conditions and restrictions recorded in Book 691, Page 337 in the office of the Recorder of Douglas County, Nevada.

IN WITNESS WHEREOF, the grantor has signed and sealed these presents on the day first above written.

Signed, sealed and delivered in the presence of:

M. Walter
Signature
Michael Walter
Print name
Grantor
Capacity

M. Walter Trustee
Signature
Michael Walter, Trustee
Print name
Grantee
Capacity

A. Walter
Signature
Ariane Walter
Print name
Grantor
Capacity

A. Walter, Trustee
Signature
Ariane Walter, Trustee
Print name
Grantee
Capacity

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

STATE OF Nevada)
COUNTY OF Douglas)

This instrument was acknowledged before me on the 19th day of September 2018, by Michael Walter
Ariane Walter

Donna S. Kruger
Notary Public
Donna S. Kruger
Print name
My commission expires:
9-17-2020



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320 - 32 - 712 - 015
 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: Verified Trust

3. Total Value/Sales Price of Property: \$ 0
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ 0
 Real Property Transfer Tax Due: \$ 0

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 7
 b. Explain Reason for Exemption: Transfer to 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 _____ Capacity Grantor

Signature as-wat Capacity Grantor

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Print Name: Michael Walter and Ariane Walter
 Address: P.O. Box 2322
 City: Gardnerville
 State: NV Zip: 89410

BUYER (GRANTEE) INFORMATION
 (REQUIRED)
 Print Name: Michael Walter and Ariane Walter
trustees of The Walter Living Trust
dtd 5/8/02
 Address: P.O. Box 2322
 City: Gardnerville
 State: NV Zip: 89410

COMPANY/PERSON REQUESTING RECORDING
 (required if not the seller or buyer)
 Print Name: N/A Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____