

DOUGLAS COUNTY, NV

2018-922922

RPTT:\$0.00 Rec:\$35.00

\$35.00 Pgs=1

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TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

E07

APN: 1420-08-212-027

RECORDING REQUESTED BY:

Edward J. Hayes, Trustee
1039 Haystack Dr.
Carson City, NV 89705

AFTER RECORDATION, RETURN BY MAIL TO:

Gregory S. Hagerman & Karen L. Hagerman
1027 Haystack Dr.
Carson City, NV 89705

This document is recorded as an
ACCOMMODATION ONLY and
without liability for the consideration
therefore, or as to the validity or
sufficiency of said instrument, or for
the effect of such recording on the
title of the property involved.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: On this 16 day of November, 2018, EDWARD J. HAYES, Trustee of the HAYES LIVING TRUST dated January 31, 2006, does hereby Grant, Bargain, Sell and Convey to GREGORY S. HAGERMAN and KAREN L. HAGERMAN, husband and wife as joint tenants with right of survivorship, and to the heirs and assigns of such Grantee forever, his interest in all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 4 in Block J, as set forth on the final map of SUNRIDGE HEIGHTS PHASE 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on July 1, 1994 in Book 794 at Page 2 as Document No. 340969, and Amended Map recorded February 22, 1995 in Book 295 at Page 3219 as Document No. 356642, Official Records.

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

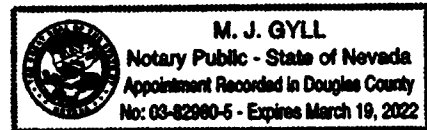
IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Edward J. Hayes
Edward J. Hayes, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 16 day of Nov, 2018, by Edward J. Hayes.

[Signature]
Notary Public



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a. 1420-08-212-027
 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 - JS

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

4. **If Exemption Claimed**
 a. Transfer Tax Exemption, per NRS 375.090, Section 7
 b. Explain Reason for Exemption: transfer from Trust w/out 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 [Signature] Capacity grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Print Name: Edward J. Hayes, trustee
 Address: 1039 Haystack Dr.
 City: Carson City
 State/Zip: NV 89705

BUYER (GRANTEE) INFORMATION
 (REQUIRED)
 Print Name: Gregory Hagerman & Karen L. Hagerman
 Address: 10270 Haystack Dr.
 City: Carson City
 State/Zip: NV 89705

COMPANY/PERSON REQUESTING RECORDING (Required if not Seller or Buyer)
 Print Name: Edward Hayes Escrow No.: N/A
 Address: 1039 Haystack Dr.
 City, State, Zip: Carson City, NV 89705

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED