

RECORDING REQUESTED BY:
Katherine D. Hobson



KAREN ELLISON, RECORDER

E07

WHEN RECORDED MAIL TO:
Katherine D. Hobson, Trustee
7593 Watson Way
Citrus Heights, California 95610

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

APN: 1319-30-519-006

The undersigned grantor(s) declare(s): This conveyance transfers the grantor's interest into a Revocable Living Trust R & T. There is no consideration for this transfer and is excluded from reappraisal (Documentary Transfer Tax -0-)

Katherine D. Hobson

hereby REMISES, RELEASES AND QUITCLAIMS to:

THE HOBSON FAMILY TRUST, UDT 3/18/2006, Katherine D. Hobson, Trustee, her interest in the real property in the unincorporated area of the County of Douglas, State of Nevada described as follows:

The Ridge View, One Bedroom, Winter Season, Week #50-006-52-01, Stateline, NV 89449. See Exhibit "A" attached hereto and by this reference made a part hereof. Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED: 9/22/17.

Katherine D. Hobson

Mail Tax Statements 76 to: Katherine D. Hobson, Trustee, 7593 Watson Way, Citrus Heights, California, 95610
Name Address City State Zip

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

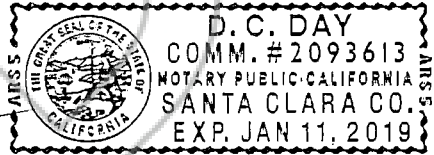
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.
County of Sacramento)

On 9/22/17 before me, D. C. Day, a notary public, personally appeared Katherine D. Hobson, 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 [Handwritten Signature] (THIS AREA FOR OFFICIAL NOTARY STAMP)

EXHIBIT A

A timeshare estate comprised of:

PARCEL 1: An undivided interest in and to that certain condominium described as follows:

(A): An undivided 1/2th interest in common, in and to the Common Areal of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985. In Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B): Unit No., 006 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

PARCEL 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit Nol 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

PARCEL 3: the exclusive right to use and said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the Winter use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restriction, recorded on December 21, 1984 in Book 1284, Page 1993, as Document Nol. 11558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-006

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a) 1319-30-519-006
 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 Timeshare

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument# _____
 Book _____ Page: _____
 Date of Recording: _____
 Notes: Verified Trust - G

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

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per 375.090, Section: 7
 b. Explain reason for exemption: Transfer to Revocable Living 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: Katherine D. Hobson Capacity: Owner

Signature: _____ Capacity: _____

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

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

Print Name: Katherine D. Hobson

Print Name: Katherine D. Hobson

Address: 7593 Watson Way

Address: 7593 Watson Way

City: Citrus Hts

City: Citrus Hts

State: CA Zip: 95610

State: CA Zip: 95610

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____
 Address: _____
 City: _____

File Number: / _____
 State: _____ Zip: _____