

APN: 1320-26-002-064

Recording Requested By:
Edward & Shawnyne Garren
P.O. Box 1676
Minden, NV 89423



KAREN ELLISON, RECORDER E07

Mail Tax Statements To:
Garren Trust
P.O. Box 1676
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording does not contain any personal information and/or social security number of any person.

QUITCLAIM DEED


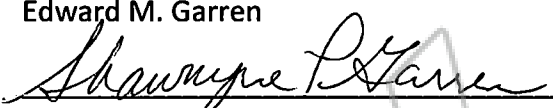
For valuable consideration, receipt of which is hereby acknowledged, EDWARD M. GARREN and SHAWNYNE P. GARREN, husband and wife as joint tenants with right of survivorship do hereby remise, release, and forever quitclaim and transfer all of their interest to EDWARD MATTHEW GARREN and SHAWNYNE PAULINE GARREN, Trustees of the GARREN TRUST dated February 1, 2019, and any amendments thereto, all that real property situated in the County of Douglas, State of Nevada, described as follows:

Parcel 2 as set forth on Parcel Map LDA 18-006 for Garren Family Revocable Living Trust, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on September 28, 2018 as Document No. 2018-920257.

More commonly known as: 1776 Amber Way, Gardnerville, NV 89410

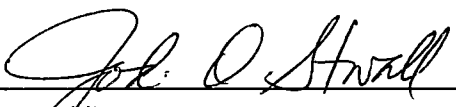
TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues, or profits thereof.

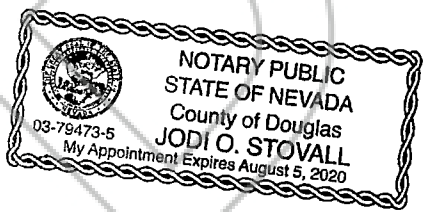
WITNESS my hand this 17 day of May, 2019.


Edward M. Garren

Shawnyne P. Garren

State of Nevada }
 } ss.
County of Douglas }

This instrument was acknowledged before me on MAY 17, 2019,
by EDWARD M GARREN and SHAWNYNE P GARREN.


Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-26-002-064
 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'/Ind'l
 g) Agricultural h) Mobile Home
 i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Verified Trust - J</u>	

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

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 7
 b. Explain Reason for Exemption: Transfer into trust
without 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 Shawnyne Garren Capacity Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Edward & Shawnyne Garren
 Address: P.O. Box 1676
 City: Minden
 State: NV Zip: 89423

Print Name: Garren Trust
 Address: _____
 City: Gardnerville
 State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

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