

APN# 121915001070



Recording Requested by/Mail to:

Name: Lance H. Powell

KAREN ELLISON, RECORDER E07

Address: PO BOX 646

City/State/Zip: Genoa, NV 89411

Mail Tax Statements to:

Name: Same

Address: _____

City/State/Zip: _____

Grant Deed

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

_____.

**STATE OF NEVADA
DECLARATION OF VALUE**

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: Verified Trust - KLR

- 1. Assessor Parcel Number (s)**
- (a) 127915001070
- (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

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 From 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 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 Lance H. Powell Capacity Grantee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Linda L. Chandler *

Address: PO Box 646

City: Genoa

State: NV - Zip: 89411

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Lance H. Powell

Address: Same - PO Box 646

City: Genoa

State: NV Zip: 89411

* Revocable Living Trust

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____