

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER PER NRS 239B.030.
APN: 1318-03-212-040



KAREN ELLISON, RECORDER E07

Recording Requested by:
Grantors, Brooks and Dee Robinson

When Recorded Mail Document and tax statements to:
ROBINSON FAMILY REVOCABLE LIVING TRUST
P.O. BOX 445
Glenbrook, NV 89413, Nevada 89704

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

BROOKS H. ROBINSON and DEE D. ROBINSON, without consideration, do hereby remise, release and forever quitclaim all right, title and interest to the ROBINSON FAMILY REVOCABLE LIVING TRUST, BROOKS H. ROBINSON and DEE D. ROBINSON, as Trustees, the following described real property situated in Douglas County, State of Nevada, bounded and described as:

Lot 145, as shown on the map of SKYLAND SUBDIVISION NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on February 24, 1960, as Document No. 15653

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 15th day of October 2019

Brooks H. Robinson

BROOKS H. ROBINSON as Grantor

Brooks H. Robinson

BROOKS H. ROBINSON as Trustee of the
ROBINSON FAMILY REVOCABLE LIVING
TRUST

Dee D. Robinson

DEE D. ROBINSON as Grantor

Dee D. Robinson

DEE D. ROBINSON as Trustee of the
ROBINSON FAMILY REVOCABLE LIVING
TRUST

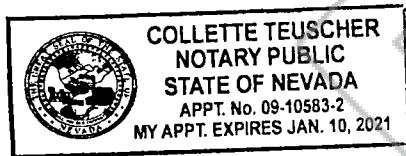
-A LOOSE CERTIFICATE ATTACHED-

STATE OF NEVADA)
CARSON CITY)

On this 15th day of October 2019 before me, a Notary Public, personally appeared BROOKS H. ROBINSON and DEE D. ROBINSON personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Collette Teuscher
Notary Public



THIS ACKNOWLEDGMENT IS ATTACHED TO A QUIT CLAIM DEED
DATED October 15, 2019

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)
a) 1318-03-212-040
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 DOCUMENT/INSTRUMENT #: _____ BOOK _____ PAGE _____ DATE OF RECORDING: _____ NOTES: <u>Verified Trust</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: \$ 0.00

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # 7
b. Explain Reason for Exemption: A transfer of title to or from a trust without consideration if a Certificate of trust is presented at the time of transfer

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 Dee M. Robinson Capacity grantor-trustee
Signature Brooks H. Robins Capacity grantor-trustee

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

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

Print Name: Brooks and Dee Robinson
Address: P.O. Box 445
City: Zephyr Cove
State: NV Zip: 89413

Print Name: Brooks and Dee Robinson-Trustees
Address: P.O. Box 445
City: Zephyr Cove
State: NV Zip: 89413

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: A+ Documents, Inc. Escrow # _____
Address: 411 W. Fourth Street, Suite 1
City: Carson City State: NV Zip: 89703

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