

APN# 1318-03-212-023

Recording Requested by/Mail to:

Name: Julie Menack Trustee

Address: 5111 Telegraph Ave #102

City/State/Zip: Oakland CA 94609

Mail Tax Statements to:

Name: same as above

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

J Lane

Printed Name

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

A.P.N. 1318-03-212-023

When recorded mail to:

Julie Menack, Trustee
21st Century Care Solutions
5111 Telegraph Avenue #102
Oakland, CA 94609

Mail tax statements to:

Julie Menack, Trustee
21st Century Care Solutions
5111 Telegraph Avenue #102
Oakland, CA 94609

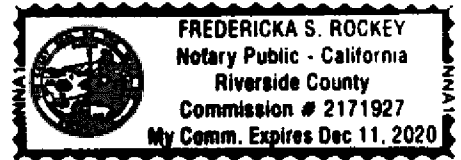
**AFFIRMATION PURSUANT TO
NRS 111.312(1)(2) AND 239b.030(4)**

 X Pursuant to NRS 239b.030, the undersigned hereby affirms that the below document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

- OR -

 The undersigned hereby affirms that this document, including any exhibits, hereby submitted for recording, does contain the social security number of a person or persons as required by the following: _____.

Fredericka S. Rockey
(signature)



Fredericka S. Rockey Notary Public
(printed name) (title)

DEED

THIS INDENTURE WITNESSETH: That SUE DUPRÉ, trustee of the SUE

FRANKSON DUPRÉ TRUST DATED APRIL 20, 2006, in consideration of the sum of Ten

Dollars (\$10.00), the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and convey to Julie Menack, successor trustee of Trust B of the William E. Miller and Mary A. Miller 1985 Trust dated May 4, 1985, as amended, whose address is: 21st Century Care Solutions, 5111 Telegraph Avenue #102, Oakland, CA 94609. all that real property situate in the County of Douglas, State of Nevada, described as follows:

LOT 189 AS SHOWN ON THE MAP OF SKYLAND SUBDIVISION NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON FEBRUARY 24, 1960, DOCUMENT NO. 15653.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

DATED 2-13-2020 ~~2019~~ *W*

Sue Dupre, Trustee
SUE DUPRE, trustee of the SUE FRANKSON
DUPRE TRUST DATED APRIL 20, 2006

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

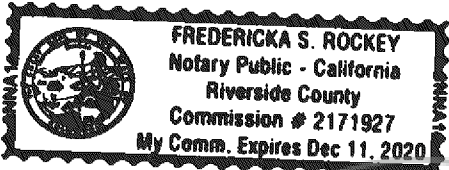
State of California

County of Riverside }

On 2-13-2020 before me, Fredericka S. Rocky
Date Here Insert Name and Title of the Officer

personally appeared SUE Dupre
Name(s) of Signer(s)

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: Fredericka S. Rocky
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer — Title(s): _____ Corporate Officer — Title(s): _____

Individual Individual

Partner — Limited General Partner — Limited General

Attorney in Fact Attorney in Fact

Trustee Trustee

Guardian or Conservator Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1318-03-212-023
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: <u>Trust ok Per Court Order BC</u>	

3. Total Value/Sales Price of Property: \$ \$0.00
Deed in Lieu of Foreclosure Only (value of property) (\$0.00)
Transfer Tax Value: \$ \$0.00
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: Transfer from one trust to another trust pursuant to court order
without consideration

5. Partial Interest: Percentage being transferred: 100.0 %

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 375.031, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity agent for Julie Menack
Signature _____ Capacity _____

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

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

Print Name: Sue Dupre, trustee
Address: 72572 Jamie Way
City: Rancho Mirage
State: CA Zip: 92270

Print Name: Julie Menack, trustee
Address: 5111 Telegraph Ave #102
City: Oakland
State: CA Zip: 94609

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)