

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER PER NRS 239B.030.
APN: 1220-21-110-016



KAREN ELLISON, RECORDER

E07

Recording Requested by:
Grantors, JAMES & PATRICIA ROWEN

When Recorded Mail Document and tax statements to:
SONNY TREE FAMILY TRUST
1288 Kyndal Way
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

JAMES D. ROWEN SR. & PATRICIA ROWEN, without consideration, do hereby remise, release and forever quitclaim all right, title and interest to the SONNY TREE FAMILY TRUST, JAMES D. ROWEN, SR. and PATRICIA A. ROWEN, as Trustees, the following described real property situated in Douglas County, State of Nevada, bounded and described as:

Lot 61, as set forth on the FINAL MAP OF TILLMAN ESTATES, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, in Book 494, Page 2192, as Document No. 334956, Official Records, Douglas County, Nevada.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS my hand this 13th day of May 2020.

James D. Rowen Sr.
JAMES D. ROWEN SR. as Grantor

James D. Rowen Sr.
JAMES D. ROWEN, SR. as Trustee of the
SONNY TREE FAMILY TRUST

Patricia Rowen
PATRICIA ROWEN as Grantor

Patricia A. Rowen
PATRICIA A. ROWEN as Trustee of the
SONNY TREE FAMILY TRUST

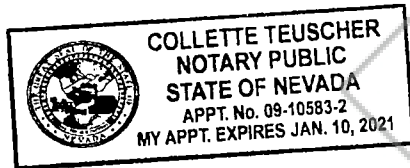
-A LOOSE NOTARY CERTIFICATE ATTACHED-

STATE OF NEVADA)
CARSON CITY)

On this 13th day of May 2020 before me, a Notary Public, personally appeared JAMES D. ROWEN, SR. and PATRICIA A. ROWEN 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 May 13, 2020

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 1220-21-110-016
 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>Trust OR BC</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 James Rowen Capacity grantor-trustee
 Signature Patricia Rowen Capacity grantor-trustee

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

Print Name: James and Patricia Rowen
 Address: 1288 Kyndal Way
 City: Gardnerville
 State: NV Zip: 89460

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

Print Name: James and Patricia Rowen -Trustees
 Address: 1288 Kyndal Way
 City: Gardnerville
 State: NV Zip: 89460

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: A+ Documents 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)