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KAREN ELLISON, RECORDER

E07

APN: 1319-30-612-009

Return document to:

James A. Kagan and Gina Costello, Trustees
2908 Royce Way
Sacramento, CA 95864

Mail tax statements to:

James A. Kagan and Gina Costello, Trustees
2908 Royce Way
Sacramento, CA 95864

In compliance with NRS 239B.030, I, the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security number.

GRANT DEED

This GRANT DEED, executed this day of , 20 , by the grantors,

JAMES A. KAGAN and GINA COSTELLO,

husband and wife as joint tenants with right of survivorship,

for the consideration of exempt -- transfer to trust per NRS 375.090(7)

in hand paid, do hereby grant, bargain, and sell forever to the grantees,

JAMES A. KAGAN and GINA COSTELLO,

Trustees of the JAMES ALAN KAGAN AND GINA COSTELLO REVOCABLE TRUST

all right, title, and interest in and to the following real property situated in the County of Douglas, State of Nevada, legally described as:

UNIT 1, as set forth on the Condominium Map of Lot 8 of Amended Map, Tahoe Village Unit No. 2, recorded February 2, 1979 as Document No. 29639, Official Records of Douglas County, State of Nevada.

TOGETHER WITH an undivided 1/12 interest in and to that portion designated as Common Area, as set forth on the Condominium map of Lot 8 of Amended Map, tahoe Village Unit No.2, recorded February 2, 2979, as Document No. 29639 Official Records of Douglas County, State of Nevada

Commonly known as: 754 Milky Way Ct., Stateline, NV 89449

Source of Title: Being the same property described in the conveyance recorded February 2, 1979 at Book 304-8803 in the office of the Recorder of Douglas County, Nevada.

THIS CONVEYANCE is made subject to:

All the conditions and restrictions recorded in Book 304-8803 in the office of the Recorder of Douglas County, Nevada.

IN WITNESS WHEREOF, the grantor has signed and sealed these presents on the day first above written.

Signed, sealed and delivered in the presence of:

James A. Kagan
Signature
James A. Kagan
Print name
Grantor
Capacity

Signature

Print name

Capacity

Gina Costello
Signature
Gina Costello
Print name
Grantor
Capacity

Gina Costello
Signature
Gina Costello
Print name

Capacity

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

STATE OF _____)
COUNTY OF _____)

This instrument was acknowledged before me on the _____ day of _____,
20____, by _____

Notary Public

Print name

My commission expires:

**PLEASE SEE ATTACHED
CALIFORNIA ACKNOWLEDGEMENT**

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Sacramento)

On 8/7/2020 before me, Diane Mason, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Gina Costello and James A. Ragan
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 [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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): _____
 Partner — Limited General Partner — Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian or Conservator Trustee Guardian or Conservator
 Other: _____ Other: _____
Signer Is Representing: _____ Signer Is Representing: _____

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1319-30-612-009
 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: <u>8/17/20</u>	
NOTES: <u>Summit Trust AB</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 to Revocable Trust, Certificate of Trust attached as Exhibit A 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 and Grantee
 Signature [Signature] Capacity Grantor and Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: James A. Kagan & Gina Costello as hw & JT
 Address: 2908 Royce Way
 City: Sacramento
 State: CA Zip: 95864

Print Name: James A. Kagan & Gina Costello as Trustees
 Address: 2908 Royce Way
 City: Sacramento
 State: CA Zip: 95864

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)