

A.P.N.: 1220-04-115-011

RECORDING REQUESTED BY:

Charles and Pamela Rawson
1584 Fifth Green Court
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

E07

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO:

Same

The undersigned affirms that this document does not contain the social security number of any person or persons. Per NRS 239 B 030__

The undersigned grantor(s) declare(s):

Documentary Transfer tax is ___ 0 ___

THERE IS NO CONSIDERATION FOR THIS TRANSFER

There is no Documentary transfer tax due. This is a Trust Transfer under Section 62(d) of the Revenue and Taxation Code: Transfer to a revocable trust. This conveyance transfers an interest into or out of a Living Trust, R & T 11930.

GRANT DEED

Charles Rawson and Pamela Rawson, husband and wife, as joint tenants with right of survivorship, do hereby grant to

Charles Frank Rawson and Pamela A. Rawson as Trustees of THE RAWSON FAMILY TRUST dated June 1, 2001, the following real property situated in the County of Douglas, State of Nevada, bounded and described as follows:


All that certain real property sit in the County of Douglas, State of Nevada, described as follows:

Lot 75, in Block B, as shown on the plat of KINGSLANE UNIT NO. 3B, filed for record in the office of the County Recorder of Douglas County, Nevada on October 26, 1977, in Book 1077, Page 1588, as File No. 14385.

Together with all tenements, hereditaments and appurtenances, if any, thereunto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

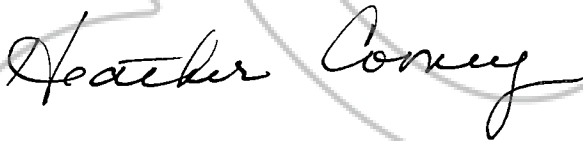
Dated: October 20 2020

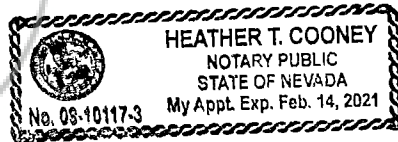

CHARLES RAWSON


PAMELA RAWSON

State of Nevada }
County of Carson City } ss.

On this 20th day of October in the year 2020, before me HEATHER COONEY, personally appeared PAMELA RAWSON and CHARLES RAWSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.





STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1220-04-115-011
 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 <u>10/21/20</u>
DATE OF RECORDING: <u>Smart On NRS</u>	
NOTES: _____	

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: Transferring to Trust
Without consideration

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 Pamela A. Rawson Capacity Trustee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Pamela A. Rawson
 Address: 1584 Fifth Green Ct.
 City: Gardnerville
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Rawson Family Trust
 Address: 1584 Fifth Green Ct.
 City: Gardnerville
 State: NV Zip: 89460

COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____