

A.P.N.: 1420-18-113-095

**RECORDING REQUESTED BY:**

Kym and Bonnie Borgman  
882 Amador Circle  
Carson City, NV 8705



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**

Kym Maurice Borgman and Bonnie S. Borgman, husband and wife, as joint tenants, do hereby grant to:

Kym Borgman and Bonnie Borgman as Trustees of THE BORGMAN FAMILY TRUST dated October 29, 2020, all that real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 237, of Block D, as shown on the plat of SILVERADO HEIGHTS NO. 2, filed for record in the office of the County Recorder of Douglas County, Nevada on June 20, 1979 as Document No. 33717

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

Dated: 10-29-20

*Kym Maurice Borgman*  
KYM MAURICE BORGMAN

*Bonnie S. Borgman*  
BONNIE S. BORGMAN

State of Nevada }  
 } ss.  
County of Carson City }

On this 29th day of October in the year 2020, before me HEATHER COONEY, personally appeared KYM MAURICE BORGMAN and BONNIE S. BORGMAN, 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.

  
NOTARY PUBLIC



NOTARY STAMP

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
a) 1420-18-113-095  
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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
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: \$ \_\_\_\_\_

4. If Exemption Claimed:  
a. Transfer Tax Exemption per NRS 375.090, Section # 7  
b. Explain Reason for Exemption: transfer to trust with out  
concomitant

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 Bonnie S. Bergman Capacity Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: Bonnie Bergman  
Address: 882 Amador Cir  
City: Carson City  
State: NV Zip: 89705

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

Print Name: Bergman family trust  
Address: same  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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)