

APN: 1318-10-415-023

RECORDING REQUESTED BY:

Nichole M. Collins

AFTER RECORDATION, RETURN BY MAIL TO:

Nichole M. Collins, Trustee
2932 Romano Dr.
Lincoln, CA 95648



00137426202109697560030031

KAREN ELLISON, RECORDER

E07

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: On this 14 day of June, 2021, Nichole M Collins, an unmarried woman, does hereby Grant, Bargain, Sell and Convey to Nichole M. Collins, Trustee of the Nichole M. Collins Living trust dated June 8, 2021, and to the heirs and assigns of such Grantees forever, her interest in all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 9, Block A, as shown on the Map of ZEPHYR HEIGHTS SUBDIVISION NO. 4 filed in the office of the County Recorder of Douglas County, State of Nevada on June 7, 1955, Document No. 10441

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Nichole M Collins

Nichole M. Collins

ACKNOWLEDGMENT

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 Placer)

On June 19, 2021 before me, A. Bhatia, Notary Public
(insert name and title of the officer)

personally appeared Nichole M. Collins,
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 *A. Bhatia* (Seal)

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1318-10-415-023
 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 - JC</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 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 Nichole M Collins Capacity _____ Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Nichole M. Collins
 Address: 2932 Romano Dr.
 City: Lincoln
 State: CA Zip: 95648

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Nichole M. Collins, Trustee
 Address: 2932 Romano Dr.
 City: Lincol
 State: CA Zip: 95648

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)