

APN: 1320-33-312-014

When Recorded Return To:
& Send Tax Statements To:



KAREN ELLISON, RECORDER

E07

MICHAEL E. ADAMS
~~201 W. California Ave Apt 402~~
~~Sunnyvale, CA 94086~~

11988 7TH AVE
HESPERIA CA 92345 QUITCLAIM DEED

THIS INDENTURE is made and entered into by MICHAEL E. ADAMS, hereinafter referred to as Grantor, and MICHAEL E. ADAMS, as the Trustee, who is also the Trustor/Settlor, of THE MICHAEL E. ADAMS LIVING TRUST, dated November 18, 2020 hereinafter referred to as Grantee.

WITNESSETH that the said Grantor, for good and valuable consideration, the receipt of which is hereby acknowledged, does by these presents hereby release and QUITCLAIM forever unto the said Grantee, and to his successors and assigns forever, all of the Grantor's right, title and interest in and to all that certain Real Property, which has a physical address of 1450 Edlesborough Cir., GARDNERVILLE, NV 89410 and which is more particularly described as follows:

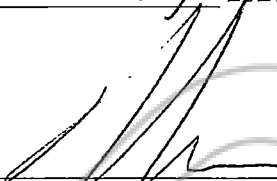
Lot 9, in Block A, as set forth on Final Subdivision Map FSM #1006-3 of CHICHESTER ESTATES, PHASE 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997 in Book 997 at Page 2121 as Document No. 421409, Official Records.

The above legal description was taken from Prior Document No. 2017-897246.

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TOGETHER WITH all and singular tenements, hereditaments, and appurtenances thereunto belonging or in any way pertaining. The Grantor is executing this conveyance to evidence the Grantor's intent that the Real Property herein shall be the sole and separate property of the Grantee.

DATED this 9TH day of FEBRUARY 2021.



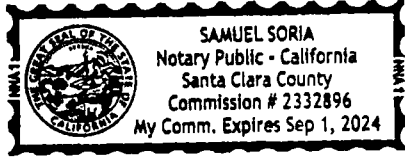
MICHAEL E. ADAMS
GRANTOR

STATE OF CALIFORNIA)
) ss.
COUNTY OF Santa Clara

On this 9 day of February 2021, personally appeared before me, a Notary Public, MICHAEL E. ADAMS, who acknowledged to me that he executed this instrument freely and voluntarily and for the use and purposes herein mentioned.



NOTARY PUBLIC



STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: Trust of J

1. Assessor Parcel Number (s)
 (a) 1320-33-312-014
 (b) _____
 (c) _____
 (d) _____

2. Type of Property:

a) <input type="checkbox"/> Vacant Land	b) <input checked="" type="checkbox"/> Single Fam Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg.	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> Other	

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: 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 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

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
 (REQUIRED)

Print Name: MICHAEL ADAMS

Address: 11988 7TH AVE

City: HERSPERIA CA 92345

State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
 (REQUIRED)

Print Name: ADAMS TRUST

Address: SAME

City: _____

State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____