

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER PER NRS 239B.030.
APN: 1319-10-111-017



KAREN ELLISON, RECORDER E07

Recording Requested by:
Grantors, **ROBERT B. BROUGH & SHARI T. BROUGH**

When Recorded Mail Document and tax statements to:
BROUGH REVOCABLE LIVING TRUST
P.O. Box 1358
Genoa, NV 89411

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED


We, **ROBERT B. BROUGH & SHARI T. BROUGH**, without consideration, do hereby remise, release and forever quitclaim all right, title and interest to the **BROUGH REVOCABLE LIVING TRUST, ROBERT B. BROUGH and SHARI T. BROUGH**, as Trustees, the following described real property situated in Douglas County, State of Nevada, bounded and described as:


Lot 112, as set forth on final map of **GENOA LAKES PHASE 3 UNIT 2**, a Planned Unit Development, recorded May 1, 1995, in Book 595, of Official Records at page 78, Douglas County, Nevada, as Document No. 361251.

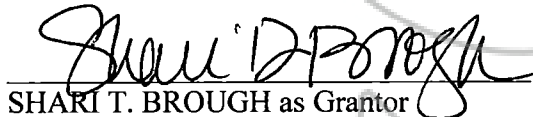
Which has the address of: 270 Genoa Highlands Circle.

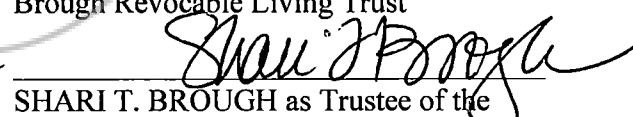
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS my hand this 25th day of August 2021.


ROBERT B. BROUGH as Grantor


ROBERT B. BROUGH as Trustee of the
Brough Revocable Living Trust


SHARI T. BROUGH as Grantor


SHARI T. BROUGH as Trustee of the
Brough Revocable Living Trust

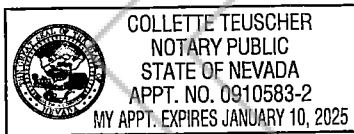
-A LOOSE CERTIFICATE ATTACHED-

STATE OF NEVADA)
CARSON CITY)

On this 25th day of August 2021 before me, a Notary Public, personally appeared ROBERT B. BROUGH and SHARI T. BROUGH personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Collette Teuscher
Notary Public



THIS ACKNOWLEDGMENT IS ATTACHED TO A QUIT CLAIM DEED
DATED August 25, 2021

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 1319-10-111-017
 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	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING: <u>9/27/21</u>	
NOTES: <u>Trust OK - 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: \$ 0.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 7
 b. Explain Reason for Exemption: A transfer of title to or from a trust without consideration if a Certificate of trust is presented at the time of transfer

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 [Signature] Capacity grantor-trustee _____
 Signature [Signature] Capacity grantor-trustee _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Robert and Shari Brough
 Address: P.O. Box 1358
 City: Genoa
 State: NV Zip: 89411

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Robert and Shari Brough-Trustees
 Address: P.O. Box 1358
 City: Genoa
 State: NV Zip: 89411

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: A+ Documents Escrow # _____
 Address: 411 W. Fourth Street, Suite 1
 City: Carson City State: NV Zip: 89703

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)