

A.P.N: 1318-10-314-020

**RECORDING REQUESTED BY:**

Mr. and Mrs. Clark Miller  
P.O. Box 138  
Zephyr Cove, NV 89448



KAREN ELLISON, RECORDER

E07

**MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO:**

Same

The undersigned hereby affirms that this document Submitted for recording does not contain the social Security number of any person or persons. NRS239b.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**

Clark Miller and Jeanne D. Bogle, husband and wife as community property, with right of survivorship, do hereby grant to:

Clark Miller and Jeanne D. Bogle as Trustees of the Miller-Bogle Family Living Trust, all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 116, as shown on the Official Map of Zephyr Knolls Subdivision Unit No.4 filed in the office of the County Recorder of Douglas County, Nevada on October 14, 1957, as Document No. 12699. Assessors Parcel No. 1318-10-314-020

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

Dated: 10/1/2021 2021  
  
Clark Miller

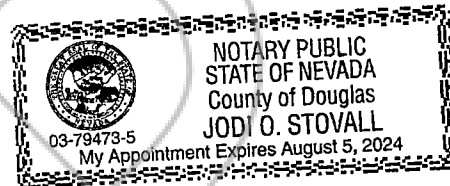
Jeanne D. Bogle

STATE OF Nevada )  
 )ss:  
County of DOUGLAS )

Subscribed and sworn to (or affirmed) before me on this 1<sup>st</sup> day of October, 2021, by Clark Miller and Jeanne D. Bogle, proved to me on the basis of satisfactory evidence to be the person who appeared before me and executed the foregoing instrument and who acknowledged to me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

WITNESS my hand and official seal.

Jodi O. Stovall



(Seal)

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1318-10-314-020  
 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 - J</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 Jeanne D. Bogle Capacity Grantor

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

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Jeanne D. Bogle  
 Address: P.O. Box 138  
 City: Zephyr Cove  
 State: NV Zip: 89448

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

The Miller-Bogle Family Living Trust  
 Print Name: Clark T. Miller and Jeanne D. Bogle  
 Address: 7791 E. Via Rio  
 City: Scottsdale  
 State: AZ Zip: 85258

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)