Requested by: David Simon and Tania Marie

When recorded, return to: David Simon and Tania Marie PO Box 7172-247 Stateline, NV 89449

Mail Tax Statements to: Same as above

WARRANTY DEED

A.P.N. 1318-23-610-001 The undersigned declare:

- (1)Documentary transfer tax is NONE.
- (2)NRS 375.090 Section 7.
- To a Trust with Certification provided. (3)
- (4) No Consideration.

FOR NO CONSIDERATION, DAVID R.SIMON, a single man and TANIA MARIE, a single woman, as joint tenants with right of survivorship, whose address is PO Box 7172-247 Stateline, NV 89449, do hereby GRANT to DAVID SIMON and TANIA MARIE, as Trustees of the David Simon and Tania Marie Living Trust dated June 20, 2021, whose address is PO Box 7172-247 Stateline, NV 89449, all of their right, title and interest in and to the following described real property in the area of Stateline, County of Douglas, State of Nevada:

Commonly known as: 254 Chimney Rock Road, Stateline, NV 89449

Lot 1 in Block A of Lakewood Knolls Annex, according to the map thereof, filed in the Office of the County Recorder of Douglas County, State of Nevada on May 12, 1959, Document No. 14378.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

AND the Grantors covenant with the Grantees that the former is now seised in fee simple of the property granted; that the latter shall enjoy the same without any lawful disturbances; that the same is free from all encumbrances, except the liens and encumbrances created or permitted by the Grantees after the date hereof; and that the Grantors will WARRANT and DEFEND the Grantees against the lawful claims and demands of all persons claiming the whole or any part of the above bargained and granted lands and premises.

The undersigned hereby affirm that this document does not contain the social security number of any person.

before me, >

personally appeared DAVID R, SIMON and personally known to me or **\sum_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 capacities, 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. Signature

> JUDITH A SPEES otary Public, State of Nevada Appointment No. 99-50301-2 My Appt. Expires Jan 1, 2023

DOUGLAS COUNTY, NV

KAREN ELLISON, RECORDER

Rec:\$40.00

Total:\$40.00

DAVID SIMON

E07

Pgs=2

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STATE OF NEVADA DECLARATION OF VALUE

1. Assessor i	Parcel Number (s) 3 -6 10 -00 /		
b)			
c)			
d)	\ \ \		
2. Type of Property: FOR RECORDERS OPTIONAL USE ONLY			
a)	Vacant Land b) (▼) Single Fam Res. Notes:	\	
c) e)	Condo/Twnhse d)		
g) (Apt. Bldg. f) Comm'l/Ind'l \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_/	
1) 🗀	Other		
2 T-4-11/-1	wallana Bulana SB	M	
	ue/Sales Price of Property: \$0.00		
Transfer Ta	eu of Foreclosure Only (value of property) \$ 0.00 \$ 0.00		
	erty Transfer Tax Due: \$0.00		
rtcarr rope	Transfer Tax Due.		
4. If Exemption	ion Claimed:		
	fer Tax Exemption, per NRS 375.090, Section:7		
b. Explai	in Reason for Exemption: Without consideration		
t <u>o a trust</u>	with certification provided		
5. Partial Interest: Percentage being transferred: 100 %			
and NRS 375.1 belief, and can be provided herein of additional tax	declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 10, that the information provided is correct to the best of their information and be supported by documentation if called upon to substantiate the information purchase the disallowance of any claimed exemption, or other determination and due, may result in a penalty of 10% of the tax due plus interest at 1% per month. IRS 375.030, the Buyer and Seller shall be jointly and severally liable for any		
additional am			
Signature_	Capacity seller		
Signature	Capacity buyer, trustee		
/ J	Capacity buyor, austee		
SELLER (GF	RANTOR) INFORMATION BUYER (GRANTEE) INFORMATION		
	EQUIRED) (REQUIRED)		
Print Name:	David Simon Print Name: David Simon		
Address:	PO Box 7172-247 Address: PO Box 7172-247		
City:	Stateline City: Stateline		
State:	NV Zip: 89449 State: NV Zip: 89449		
COMPANY/PERSON REQUESTING RECORDING			
(REQUIRED IF NO	OT THE SELLER OR BUYER)		
Print Name:	Escrow#		
Address:			
City:	State: Zip:		

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)