DOUGLAS COUNTY, NV

RPTT:\$0.00 Rec:\$40.00 \$40.00 Pgs=2 2021-979219

12/30/2021 03:29 PM

MOBO LAW

KAREN ELLISON, RECORDER

E07

## RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

MOBO LAW, LLP

Attn: Jennifer M. Schaller, Esq. 10343 High Street, Suite One Truckee, California 96161

## MAIL TAX STATEMENTS TO:

Scott Russell Willard and Tamlyn Willard, Trustees Post Office Box 10004 Zephyr Cove, Nevada 89448

APN: 1318-09-812-001

615 Freel Drive, Zephyr Cove, Nevada 89448

## TRUST TRANSFER DEED

The undersigned grantor(s) declare: Documentary transfer tax is \$0.00. No consideration given – change in formal title only. See NOTE 1, below.

FOR NO CONSIDERATION, SCOTT WILLARD, also known as SCOTT RUSSELL WILLARD, and TAMLYN WILLARD, husband and wife, as community property with right of survivorship ("Grantors"),

Hereby GRANT to SCOTT RUSSELL WILLARD and TAMLYN WILLARD, Trustees of the WILLARD FAMILY TRUST dated December 29, 2021 ("Grantees"), the following described real property in the County of Douglas, State of Nevada, described as follows:

Lots 14 and 15, in Block G as shown on the Amended Map of Subdivision No. 2, Zephyr Cove Properties, Inc., in Sections 9 and 10, Township 13, North, Range 18 East, M.D.B.&M., filed in the Office of the County Recorder of Douglas County, Nevada on August 5, 1929, as Document No. 267.

NOTE 1: This conveyance is a transfer of title to or from a trust without consideration and a certificate of trust is presented at the time of transfer, and this conveyance is therefore exempt from documentary transfer tax pursuant to NRS 375.090, Section 7.

Dated: December 29, 2021

SCOTT WILLARD, Grantor

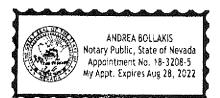
TAMLYN WILLARD, Grantor

APN: 1318-09-812-001

| STATE OF NEVADA   | )    |
|-------------------|------|
|                   | ) ss |
| COUNTY OF DOUGLAS | )    |

On December 29, 2021, before me, Andrea Bollakis, personally appeared Scott Russell Willard personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

(Seal, if any)



Andrea Bollakis, Notary Public

STATE OF NEVADA

COUNTY OF DOUGLAS

) ) ss.

On December 29, 2021, before me, Andrea Bollakis, personally appeared Tamlyn Willard personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

(Seal, if any)

ANDREA BOLLAKIS
Notary Public, State of Nevada
Appointment No. 18-3208-5
My Appt. Expires Aug 28, 2022

Andrea Bollakis, Notary Public

## STATE OF NEVADA DECLARATION OF VALUE

| a <u>) 1318-09-81</u><br>b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Parcel Number (<br>12-001                                                           | TWO WATER AND A STATE OF THE ST |                                                                                          |                                                                                                                             |                                                       |             |
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| 2. Type of Pr  a) c) e) g) i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Toperty: Vacant Land Condo/Twnhse Apt. Bldg. Agricultural Other                     | d) 2<br>f) 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Single Fam Res.<br>2-4 Plex<br>Comm'l/Ind'I<br>Mobile Home                               | FOR RECORDER<br>Notes:<br>SG - Trus                                                                                         | s optional use o                                      | INLY        |
| Deed in Lie<br>Transfer Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ue/Sales Price of<br>eu of Foreclosure<br>ax Value:<br>rty Transfer Tax [           | Only (value of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$0                                                                                      | 0.00                                                                                                                        |                                                       |             |
| b. Explai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on Claimed:<br>fer Tax Exemption,<br>n Reason for Exen<br>r of title to a trust wit | ption:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | of trust is presen                                                                                                          | ted at the time of t                                  | ransfer.    |
| The undersigne and NRS 375.1 belief, and can le provided herein of additional tax  Pursuant to Nadditional among the provided to Nadditional among the provided to Nadditional among the Nadditional a | // // // // // // // // // // // // //                                              | nowledges, und<br>tion provided is<br>cumentation if c<br>disallowance of<br>a penalty of 10%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | er penalty of p<br>correct to the<br>alled upon to s<br>any claimed e<br>6 of the tax du | erjury, pursuant<br>best of their infor<br>substantiate the i<br>exemption, or oth<br>e plus interest at<br>ointly and seve | mation and nformation er determination the per month. | any         |
| Signature_/<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | least Krusell                                                                       | Willed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                             | Grantor/Grantee<br>Grantor/Grantee                    |             |
| (RE<br>Print Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RANTOR) INFO                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | REQUIRED)                                                                                                                   | NFORMATION                                            | <del></del> |
| Address:<br>City:<br>State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Zephyr Cove  NV Zip:                                                                | O. Box 10004<br>89448                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | City:                                                                                    | 615 Freel Drive, F<br>Zephyr Cove<br>NV <b>Zip:</b>                                                                         | P.O. Box 10004<br>89448                               |             |
| (REQUIRED IF NO Print Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PERSON REQU<br>OT THE SELLER OR BU<br>MOBO Law, LLP                                 | (ER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                        | Escrow_#                                                                                                                    |                                                       |             |
| Address:<br>City: <u>Truckee</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10343 High Street,                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tate: CA                                                                                 | Zip:                                                                                                                        | 96161                                                 |             |