

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER PER NRS 239B.030.
APN: 1420-08-411-015



Recording Requested by:
Grantor, Margaret R. Royce

When Recorded Mail Document and tax statements to:
M. ROYCE TRUST
991 Hilltop Drive
Carson City, NV 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

MARGARET R. ROYCE, a single woman, without consideration, does hereby remise, release and forever quitclaim all right, title and interest to the M. ROYCE TRUST, dated June 29, 2012, MARGARET R. ROYCE, as Trustee, the following described real property situated in Douglas County, State of Nevada, bounded and described as:

Lot 12, in Block P, of the Final Map of SUNRIDGE HEIGHTS, PHASES 6B, 7A and 8B. A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 30, 1996, as Document No. 380052 and Certificate of Amendment recorded February 2, 1996, as Document No. 380351.

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

WITNESS my hand this 28th day of June 2022.

Margaret R. Royce
MARGARET R. ROYCE as Grantor

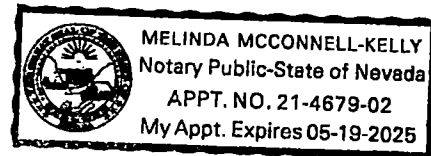
Margaret R. Royce
MARGARET R. ROYCE as Trustee of the
M. Royce Trust

STATE OF NEVADA)
CARSON CITY)

On this 28th day of June 2022 before me, a Notary Public, personally appeared MARGARET R. ROYCE 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.

Melinda McConnell-Kelly
Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessors Parcel Number(s)
 - a) 1420-08-411-015
 - 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:	_____
NOTES:	<u>Verified Trust - JR</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 Margaret R. Royce Capacity grantor-trustee
 Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Margaret R. Royce
 Address: 991 Hilltop Drive
 City: Carson City
 State: NV Zip: 89705

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Margaret R. Royce -Trustee
 Address: 991 Hilltop Drive
 City: Carson City
 State: NV Zip: 89705

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)