

Assessor's Parcel No. 1318-23-310-028
**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

Peter Adamco, Esq.
Peter P. Adamco, Ltd.
P.O. Box 1564
Zephyr Cove, NV 89448



KAREN ELLISON, RECORDER

E07

MAIL TAX STATEMENT TO:

Michelle Wilson-MacDowell
3363 Foxmore Lane
Rescue, CA 95672

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH: That GREGORY E. WILSON and MICHELLE D. MACDOWELL, as Successor Co-Trustees of THE WILSON DECLARATION OF TRUST, dated March 30, 1999, for no consideration, do hereby grant unto GREGORY E. WILSON, a single man, and MICHELLE D. MACDOWELL, a single woman, each as to a one-half (1/2) interest, as tenants in common, all of the right, title and interest of the Trust to that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 53, Block B, as shown on the Map of Lake Village Unit No. 1, Filed in the Office of the County Recorder on October 8, 1969, Document No. 45939, and on Amended Map file for record June 29, 1970, Document No. 48573, Official Records of Douglas County, State of Nevada.

APN: 1318-23-310-028

TOGETHER with the tenements, hereditaments and appurtenances, including easements and water rights, if any, thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED this 22nd day of April, 2022.

THE WILSON DECLARATION OF TRUST, dated
March 30, 1999

By: Gregory E. Wilson
GREGORY E. WILSON,
Successor Co-Trustee

By: Michelle D. MacDowell
MICHELLE D. MACDOWELL,
Successor Co-Trustee

STATE OF _____)
) :ss.
 COUNTY OF _____)

On _____ before me, _____ personally appeared GREGORY E. WILSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

SEE ATTACHED FOR NOTARY PUBLIC

 NOTARY PUBLIC

STATE OF _____)
) :ss.
 COUNTY OF _____)

On _____ before me, _____ personally appeared MICHELLE D. MACDOWELL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

SEE ATTACHED FOR NOTARY PUBLIC

 NOTARY PUBLIC

ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

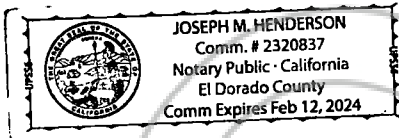
State of California

County of El Dorado

On April 22, 2022 before me, Joseph M. Henderson, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Gregory E. Wilson and Michelle D. MacDowell
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Trustee's Deed

Document Date: April 22, 2022 Number of Pages: 2

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1318-23-310-028
 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: OK by Elly to add #7 exemption & reason. Trust OK AFB

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 # 5, 7
 b. Explain Reason for Exemption: A transfer of real property from parent to child.
"transfer out of trust w/o 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 Michelle D. MacDowell Capacity Grantor/Trustee
 Signature Michelle D. Wilson-MacDowell Capacity Grantee

SELLER (GRANTOR) INFORMATION (REQUIRED)

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: The Wilson Declaration of Trust, Survivor's
 Address: 3363 Foxmore Lane
 City: Rescue
 State: California Zip: 95672

Print Name: Michelle Wilson MacDowell
 Address: 3363 Foxmore Lane
 City: Rescue
 State: California Zip: 95672

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: PETER P. ADAMCO, ESQ Escrow # _____
 Address: PO BOX 1564
 City: ZEPHYR COVE State: NEVADA Zip: 89448