APN: 1220-22-410-212

Recording Requested By:

Robert P. Huckaby, Attorney at Law

DOUGLAS COUNTY, NV

Rec.\$40.00 Total:\$40.00 CARL KING

08/01/2022 11:26 AM

2022-988023

Pgs=3



KAREN ELLISON, RECORDER

E07

When Recorded Mail To: Carl and Roxanne King 1430 Mary Jo Dr. Gardnerville, NV 89460

Mail tax statements to Grantee as above address.

## GRANT, BARGAIN and SALE DEED

THIS INDENTURE WITNESSETH: That CARL D. KING and ROXANNE KING, husband and wife as joint tenants, as a gift for no consideration,

does hereby Grant, Bargain, Sell and Convey to CARL KING and ROXANNE KING as Trustees of the KING FAMILY TRUST (created by a Trust Instrument dated May 20, 2016), and to the heirs and assigns of such Grantee forever,

all that certain real property situated in the County of Douglas, State of Nevada, commonly known as 1430 Mary Jo Drive, Gardnerville, Nevada, more particularly described as

Lot 820, as shown on the Map of Gardnerville Ranchos Unit No. 7, filed in the Office of the Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, at Page 676, as Document No. 72456.

Assessors Parcel No. 1220-22-410-212

together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, including easements and water rights, if any, and any reversions, remainders, rents, issues or profits thereof, subject to reservations and restrictions now of record.

I affirm the foregoing document does not contain the social security number of any person.

Dated: September 29, 2021

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. Nevada R STATE OF CALIFORN SS. COUNTY OF EL DORADO Amber Coen On October 1, 2021 before me, , Notary Public, personally appeared Carl D. King and Roxanne King, 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. Notary Public AMBER COEN Notary Public State of Nevada Appt. No. 19-8988-03 My Appt. Expires September 10, 2023

|   | E OF NEVADA  |  |  |
|---|--|--|--|
|   | ARATION OF VALUE   |  |  |
| 1.  | Assessor Parcel Number(s) a) 1220-22-410-212   |  | ^  |
|   | 1 \  |  |  |
|   | b)<br>c)   |  | ( )  |
|   | d)   |  | \ \  |
|   |  |  | \ \  |
| 2.  | Type of Property:  |  | \ \  |
|   | a) Vacant Land b) Single Fam. Re   | <b>.</b> c   | \ \  |
|   | c) Condo/Twnhse d) 2-4 Plex  |  |  |
|   | e) Apt. Bldg f) Comm'l/Ind'l   | BOOK   | CORDERS OPTIONAL USE ONLY PAGE                   |
|   |  |  | RECORDING: 8 1122                                |
|   | g) Agricultural h) Mobile Home   | NOTES:   | ~ 41   |
|   | i)   |  | Druvel OR ST                                     |
| 2   | T-4-13/ 1 /0 1 P ' CP .  |  |  |
| 3.  | Total Value/Sales Price of Property:  Deed in Lieu of Foreclosure Only (value of property) | \$   |  |
|   | Transfer Tax Value:  | \$   | <del></del>                                      |
|   | Real Property Transfer Tax Due:  | \$ \$0.00  | 1  |
|   |  | +.00.01  | <del>'                                    </del> |
| 4.  | If Exemption Claimed:  | ***************************************  | / /  |
|   | a. Transfer Tax Exemption per NRS 375.090,   | Section #7   | _/ /   |
|   | b. Explain Reason for Exemption:   | _//  |  |
|   | transfer to grantor trust for zero conside   | ration   |  |
| 5   | Partial Interest: Percentage being transferred:  | %  |  |
| ٦.  | ratial interest. Fercentage being transferred: _   | %  |  |
| The   | e undersigned declares and acknowledges, under p   | anolty of nonive   | The minimum of the NIDC 275 000 and NIDC         |
| 375   | 5.110, that the information provided is correct to t                                       | benany of perjur   | y, pursuant to NRS 3/5.000 and NRS               |
| sup   | ported by documentation if called upon to substan  | ntiate the inform  | ation provided herein. Furthermore, the          |
| par   | ties agree that disallowance of any claimed exemp  | otion, or other de   | etermination of additional tax due may           |
| rest  | alt in a penalty of 10% of the tax due plus interest                                       | at 1% per mont   | h.   |
|   | \ \  | 1. 1   |  |
| 'ursuai   | nt to NRS 375.030, the Buyer and Seller shall be join                                      | ntly and severally   | y liable for any additional amount owed.         |
| ignatı  | ire Codd Va.   | Capacity   | grantor/grantee                                  |
| 15 Hatt   |  | Capacity   | grantongrantoo                                   |
| ignatı  | ire 0  | Capacity   | grantor/grantee                                  |
| /   |  | _ = ===================================  | <u> </u>   |
|   | SELLER (GRANTOR) INFORMATION   | BUYE   | R (GRANTEE) INFORMATION                          |
|   | (REQUIRED)   |  | (REQUIRED)                                       |
| mina NT   | Carl & Roxanne King  | D Kin  | g Family Trust Carl & Royanna King Ttoo          |
| rint Name: Carl & Roxanne King Address: 1430 Mary Jo Dr |  | Print Name: King Family Trust, Carl & Roxanne King Ttee Address: 1430 Mary Jo Dr |  |
| ity:  | Gardnerville   | City: Gardne   |  |
| tate: N   |  | State: NV  | Zip:89460  |
| turo, i   | Zip. <u>ec/ec</u>  | State. IV  | Zip. <u>09400</u>                                |
|   | ANY/PERSON REQUESTING RECORDING  |  |  |
|   | required if not the seller or buyer)   |  |  |
| rint Na   |  | Escrow #   |  |
| ddress  |  |  | ~-   |
| ity:  | State:  (AS A PUBLIC RECORD THIS FORM I  | MAY DE DECOR   | Zip:   |
|   | (VO V I ODDIC VECOVD I UIS LOKM I  | VIA I DE RECUR   | DED/MICKOPILMED)                                 |