

A.P.N.: 1220-22-470-049

**RECORDING REQUESTED BY:**

Donald and Mitsuko Hoffart  
1438 Sally Lane  
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

E07

**MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO:**

Same

The undersigned affirms that this document does not contain the social security number of any person or persons. Per NRS 239 B 030

**The undersigned grantor(s) declare(s):**

**Documentary Transfer tax is  0**

THERE IS NO CONSIDERATION FOR THIS TRANSFER

There is no Documentary transfer tax due. This is a Trust Transfer under Section 62(d) of the Revenue and Taxation Code: Transfer to a revocable trust. This conveyance transfers an interest into or out of a Living Trust, R & T 11930.

**GRANT DEED**

Donald J. Hoffart and Sally M. Hoffart, husband and wife, as community property with right of survivorship, do hereby grant to Donald J. Hoffart and Mitsuko Hoffart, also known as Sally M. Hoffart as Trustees of THE HOFFART FAMILY TRUST dated November 1, 2022, all the following real property situated in the City of Gardnerville, County of Douglas, State of Nevada, described as follows:

Lot 840, as shown on the pam of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on May 27, 1974 in Book 374, Page 676, as File No. 72456

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

Dated: 11-1-22

DONALD J. HOFFART

SALLY M. HOFFART

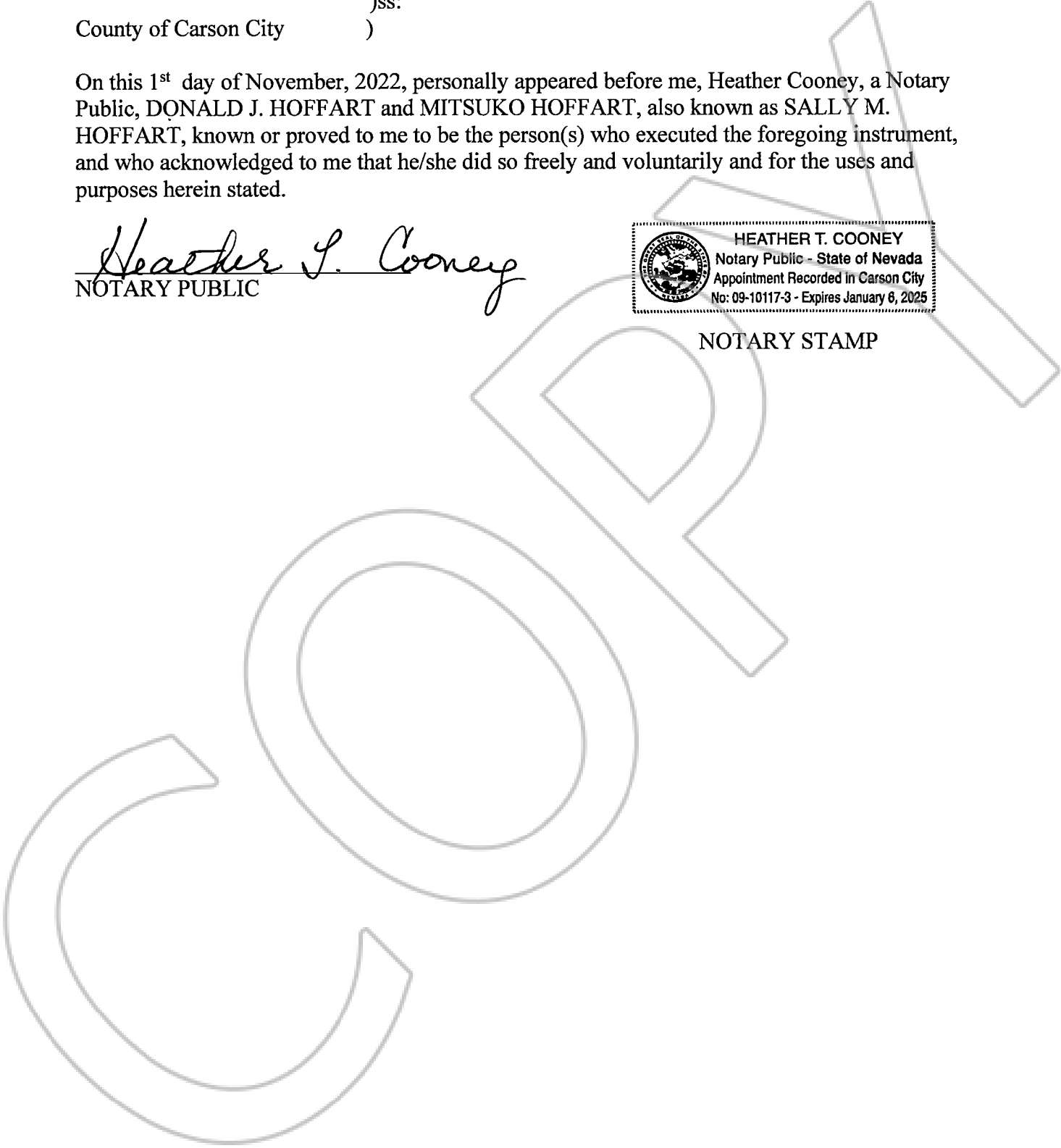
STATE OF NEVADA            )  
  )ss:  
County of Carson City        )

On this 1<sup>st</sup> day of November, 2022, personally appeared before me, Heather Cooney, a Notary Public, DONALD J. HOFFART and MITSUKO HOFFART, also known as SALLY M. HOFFART, known or proved to me to be the person(s) who executed the foregoing instrument, and who acknowledged to me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

Heather J. Cooney  
NOTARY PUBLIC



NOTARY STAMP



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1220-22-478-049  
 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: <u>Specified Trust - A</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: \$ \_\_\_\_\_

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 7  
 b. Explain Reason for Exemption: Transfer to Trust without  
consideration

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 [Signature] Capacity Grantor  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: Donald J. Hoffart  
 Address: 1438 Sally Lane  
 City: Gardnerville  
 State: Nv. Zip: 89460

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Print Name: Hoffart Trust  
 Address: Same  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSON REQUESTING RECORDING**  
 (required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)