

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER PER NRS 239B.030.
APN: 1319-10-610-004



KAREN ELLISON, RECORDER E07

Recording Requested by:
Grantors, WILLIAM L. GARRISON AND
JENNY LIND GARRISON

When Recorded Mail Document and tax statements to:
BILL GARRISON FAMILY TRUST
P.O. Box 43
Genoa, NV 89411

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED
WATER RIGHTS

WILLIAM L. GARRISON and JENNY LIND GARRISON, husband and wife as joint tenants, without consideration, do hereby remise, release and forever quitclaim all right, title and interest to the BILL GARRISON FAMILY TRUST, dated December 7, 2022, WILLIAM L. GARRISON and JENNY L. GARRISON, as Trustees, the following described real property situated in Douglas County, State of Nevada, bounded and described as:

A portion of non-supplemental Ground-Water right permit #24696-Certificate 8284, being 2.0 Acre-feet, with a pro-rata rate of diversion of 0.008 CFS.

Which has the address of: 2269 Meadow Lark Lane.

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

WITNESS my hand this 7th day of December 2022.

William L. Garrison
WILLIAM L. GARRISON as Grantor

William L. Garrison
WILLIAM L. GARRISON as Trustee of the
Bill Garrison Family Trust

Jenny Garrison
JENNY LIND GARRISON as Grantor

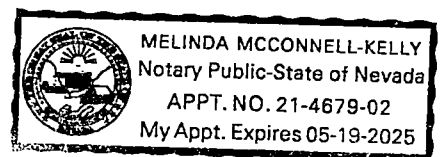
Jenny L. Garrison
JENNY L. GARRISON as Trustee of the
Bill Garrison Family Trust

STATE OF NEVADA)
CARSON CITY)

On this 7th day of December 2022 before me, a Notary Public, personally appeared WILLIAM L. GARRISON and JENNY L. GARRISON 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) 1319-10-610-004 (Water Rights)
 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:	<u>12/9/22</u>
NOTES:	<u>Grant of</u> <u>AB</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 William L Garrison Capacity grantor-trustee

Signature Jenny Garrison Capacity grantor-trustee

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

Print Name: William and Jenny Garrison
 Address: P.O. Box 43
 City: Genoa
 State: NV Zip: 89411

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

Print Name: William L. and Jenny L. Garrison-Trustees
 Address: P.O. Box 43
 City: Genoa
 State: NV Zip: 89411

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)