



SHAWNYNE GARREN, RECORDER E07

RECORDING REQUESTED BY:

Michael R. Hinks
Michelle R. Hinks

WHEN RECORDED, MAIL TO:

Michael R. Hinks
Michelle R. Hinks
1316 Sanden Ln.
Minden, NV 89423

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

(SPACE ABOVE FOR RECORDER'S USE)

Trust Transfer Deed

Notice: THIS CONVEYANCE IS TO A REVOCABLE LIVING TRUST AND NOT PURSUANT TO A SALE. IT DOES NOT SUBJECT THE PROPERTY TO REASSESSMENT AND IS EXEMPT FROM ALL TAXES.

APN: 1420-33-511-005 Location: 1316 Sanden Ln., Minden, NV 89423

THE UNDERSIGNED GRANTORS DECLARE DOCUMENTARY TRANSFER TAX is \$ **NONE**

- computed on full value of property conveyed, or *TRANSFERED TO A TRUST – EXEMPTION # 7*
- computed on full value less value of liens or encumbrances remaining at time of sale.

FOR NO CONSIDERATION, and in order to only change formal title, we, **Michael R. Hinks and Michelle R. Hinks**, hereby sever our interests and grant all my rights, titles, and interests to **The Michael R. Hinks & Michelle R. Hinks Family Trust**, dated **November 20, 2023**, whose Trustees are, at the time of recording, **Michael R. Hinks & Michelle R. Hinks**, whose successors and appointees are also named in that instrument known as the **Certified Extract of Trust Agreement** of said Trust Agreement, that all real property situated in the County of **Douglas**, State of **Nevada**, described as follows:

See **EXHIBIT "A" (LEGAL DESCRIPTION)**, attached hereto and made a part hereof,

Together with all the tenements, hereditaments, and appurtenances thereunto belonging, and the reversions, remainders, rents, issues, and profits thereof.

NOVEMBER 30 2023
Dated

Michael R. Hinks

November 30, 2023
Dated

Michelle R. Hinks

Certificate of Acknowledgment of Notary Public

State of NEVADA

County of CARSON CITY

On this 30TH day of NOVEMBER in the year 2023, before me, appeared Michael R. Hinks and Michelle R. Hinks personally known to me (or proved to me on the basis of satisfactory evidence) whose names are subscribed to this instrument, and acknowledged that he and she executed it. I declare under penalty of perjury that the persons whose names are ascribed to this instrument appear to be of sound mind and under no duress, fraud, or undue influence.



Signature of notary public



Exhibit "A" (Legal Description)

Lot 15, in block 2 of Mountain View Estates #2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on October 24th, 1979, as Document No. 38123.

Assessors Parcel No.: 1420-33-511-005

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-33-511-005
 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: <u>12/23/23</u>	
NOTES: <u>Trustee</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 INTO TRUST WITHOUT 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 [Signature] Capacity TRUSTEE

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: MICHAEL R HINKS
 Address: 316 SANDEN LANE
 City: WINDEN
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: THE MICHAEL R HINKS
 Address: AND MICHELLE R HINKS
 City: FAMILY TRUST
 State: SAME Zip: _____

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

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____