

APN: 1221-04-002-014

RECORDING REQUESTED BY:

Anita L. Everts
1214 Jacobsen Lane
Gardnerville, NV 89410

MAIL TAX STATEMENTS TO:

Anita L. Everts
1214 Jacobsen Lane
Gardnerville, NV 89410



SHAWNYNE GARREN, RECORDER E07

Pursuant to NRS 239B.030(4), I affirm that the instrument contained below (or attached hereto) does not contain the social security number of any person.

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE made the 6th day of February, 2023, for good and valuable consideration, the receipt of which is hereby acknowledged, Grantor, Richard P. Everts and Anita L. Everts 2004 Living Trust u.t.d. 10/22/2010, as amended, Anita L. Everts as Trustee, (hereinafter GRANTOR) hereby grants, bargains and sells to THE ROSCHELLE FAMILY LIVING TRUST, u.t.d. 4/7/93, as restated 24 September 2013, as amended, Melvin L. Roschelle and Christine A. Roschelle as Trustees, and to the heirs and assigns of such GRANTEE forever, an undivided 8.26% interest in that certain real property of GRANTOR located in the State of Nevada, County of Douglas, commonly known as 1214 Jacobsen Lane, Gardnerville, Nevada, 89410, more particularly described as follows:

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Parcel 1-A as set forth on parcel map for HAROLD M. THOMPSON ETALS filed for record in the office of the Douglas County Recorders office on January 8, 1980, in Book 180, Page 377, as Document No. 40421 official records, Douglas County, Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining and in any reversions, remainders, rents, issues or profits thereof.

Witness my hand this 5th day of February, 2023.

GRANTOR:

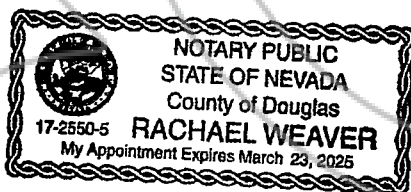
Anita L. Everts
ANITA L. EVERTS, Trustee

ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On February 6th, 2023, before me, the undersigned, a Notary Public in and for said County and State, personally appeared ANITA L. EVERTS known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.



Rachael Weaver
NOTARY PUBLIC

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1221-04-002-014
 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>2/9/23</u>	
NOTES: <u>Trust of [Signature]</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: 8.26 %

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 Rachael Weaver Capacity Representative
 Signature Rachael Weaver Capacity Representative

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Anita Everts
 Address: 1214 Jacobsen Lane
 City: Gardnerville
 State: NV Zip: 89410

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Anita Everts c/o Roschelle Family Living Trust
 Address: 1214 Jacobsen Lane
 City: Gardnerville
 State: NV Zip: 89410

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Law Office of Michael S. Rowe, Esq. Escrow # _____
 Address: P.O. Box 2080
 City: Minden State: NV Zip: 89423