

**RECORDING COVER PAGE**

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

**APN# 1420-06-401-003 and 004**

(11 digit Assessor's Parcel Number may be obtained at:  
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

**TITLE OF DOCUMENT**  
(DO NOT Abbreviate)

**TRUST TRANSFER DEED**

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

**RECORDING REQUESTED BY:**

**ARCHANGEL ESTATE PLANNING**

**RETURN TO: Name ARCHANGEL ESTATE PLANNING**

**Address 16191 KAMANA RD. STE. 202**

**City/State/Zip APPLE VALLEY, CA 92307**

**MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)**

**Name ALLEN FAMILY TRUST**

**Address 19035 SHETLAND RD.**

**City/State/Zip APPLE VALLEY, CA 92308**

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\Forms & Notices\Cover Page Template Oct2017

RECORDING REQUESTED BY:  
ARCHANGEL ESTATE PLANNING

WHEN RECORDED, MAIL TO:  
ARCHANGEL ESTATE PLANNING  
AND TRUST SERVICES  
16191 KAMANA RD. STE. 202  
APPLE VALLEY, CA 92307

MAIL TAX STATEMENTS TO:  
ALLEN FAMILY TRUST  
19035 SHETLAND RD.  
APPLE VALLEY, CA 92308

APN: 1420-06-401-003 and 1420-06-401-004

### TRUST TRANSFER DEED

Grant deed, excluded from Reassessment under Proposition 13, California Constitution Article 13 A § 1 et seq.  
The undersigned Grantor(s) declare(s) under penalty of perjury that the following is true and correct:


1. There is no consideration for this transfer.
2. The undersigned Grantor(s) declare(s): The documentary transfer tax is: County \$0.00 & City \$0.00  
[X] Exempt from transfer tax; Reason: "This conveyance transfers an interest into or out of a Revocable Living Trust, R & T 11930."
3. Property is located in the City of Carson City
4. This is a Trust Transfer under § 62 of the Revenue and Taxation Code. Grantor must check the applicable exclusion:  
 Transfer to a revocable Trust  
 Transfer to a short-term Trust not exceeding 12 years with Trustor holding the reversion  
 Transfer is to a Trust where the Trustor or the Trustor's spouse is the sole beneficiary  
 This is a change of Trustee holding title  
 Transfer is from Trust to Trustor or Trustor's spouse where prior transfer was excluded from reappraisal and for a value consideration, receipt of which is hereby acknowledged.  
 Other \_\_\_\_\_

I, GARRY R. ALLEN, Trustee of THE GRANT R. ALLEN AND EILEEN V. ALLEN FAMILY TRUST, do hereby grant to GARRY R. ALLEN and LORI K. ALLEN, Trustees of the ALLEN FAMILY TRUST dated March 2, 2023, the following described real property in the City of Carson City, County of Douglas, State of Nevada, with the following legal description:

Parcel B and C as set forth on that certain Parcel Map for Grant R. and Eileen V. Allen, being situated in and being a portion of the West 1/2, South 1/2, Lot 1 of the Southwest 1/4, Section 6, Township 14 north, range 20 East, M.D.B. & M, Douglas County, Nevada, recorded May 8, 1990, Book 590, page 1092, Document No. 225537, Official Records of Douglas County, Nevada.

Commonly known as 3626 and 3628 Silverado Dr., Carson City, NV 89705.

March 2, 2023  
Date

  
\_\_\_\_\_  
GARRY R. ALLEN, TRUSTEE  
GRANT R. ALLEN AND EILEEN V. ALLEN  
FAMILY TRUST

**ACKNOWLEDGMENT**

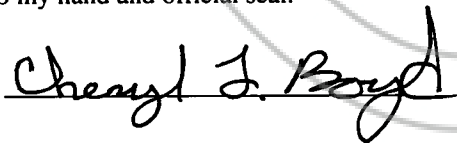
*A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

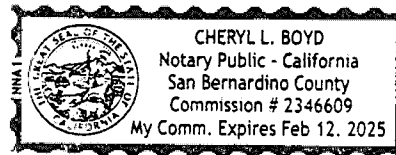
State of California  
County of San Bernardino

On March 2, 2023 before me, CHERYL L. BOYD, Notary Public, personally appeared GARRY R. ALLEN, 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.

Signature  (Seal)



**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 1420-06-401-003  
 b. 1420-06-401-004  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

2. Type of Property:
- |  |   |
|--|---|
| a. <input checked="" type="checkbox"/> Vacant Land | b. <input checked="" type="checkbox"/> Single Fam. Res. |
| c. <input type="checkbox"/> Condo/Twnhse           | d. <input type="checkbox"/> 2-4 Plex                    |
| e. <input type="checkbox"/> Apt. Bldg              | f. <input type="checkbox"/> Comm'/Ind'l                 |
| g. <input type="checkbox"/> Agricultural           | h. <input type="checkbox"/> Mobile Home                 |
| Other _____  |   |

**FOR RECORDERS OPTIONAL USE ONLY**  
 Book \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: \_\_\_\_\_  
 Notes: Verified Trust - js

- 3.a. Total Value/Sales Price of Property \$ 0  
 b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ ) )  
 c. Transfer Tax Value: \$ 0  
 d. Real Property Transfer Tax Due \$ 0

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section 07  
 b. Explain Reason for Exemption: Transfer without consideration to or from a trust.

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 *Harry Allen* Capacity: TRUSTEE  
 Signature \_\_\_\_\_ Capacity: TRUSTEE

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: \_\_\_\_\_  
 Address: 19035 SHETLAND RD.  
 City: APPLE VALLEY  
 State: CA Zip: 92308

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: \_\_\_\_\_  
 Address: 19035 SHETLAND RD.  
 City: APPLE VALLEY  
 State: CA Zip: 92308

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**  
 Print Name: ARCHANGEL ESTATE PLNG.  
 Address: 16191 KAMANA RD. STE. 202  
 City: APPLE VALLEY

Escrow # \_\_\_\_\_  
 State: CA Zip: 92307