DOUGLAS COUNTY, NV

RPTT:\$0.00 Rec:\$40.00

2023-995300 04/06/2023 01:41 PM

\$40.00 Pgs=2

ALLING & JILLSON LTD

SHAWNYNE GARREN, RECORDER

E07

APN: 1319-10-210-010

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Kara M. Haves Post Office Box 555 Genoa, NV 89411

MAIL TAX STATEMENTS TO:

Kara M. Hayes Post Office Box 555 Genoa, NV 89411

Pursuant to NRS 239B.030, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

TRUST TRANSFER DEED

FOR NO CONSIDERATION, David R. Cochran and Kara M. Hayes, Husband and Wife, as community property with rights of survivorship ("Grantors"), do hereby GRANT, TRANSFER and CONVEY to DAVID R. COCHRAN and KARA M. HAYES, Trustees of The Cochran - Hayes 2015 Trust ("Grantees"), all that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Parcel 4 as set forth on the certain Parcel Map for Robert and Kathy Brody filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 23, 1989, in Book 389, at Page 3368 as Document No. 198851.

TOGETHER WITH the tenements, hereditaments and appurtenances belonging thereto or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

(Signatures Appear on Following Pages)

TO HAVE AND TO HOLD said premises, with the appurtenances, unto said Grantee and Grantee's heirs and assigns forever. DATED this day of April, 2023. David R. Cochran, Grantor Kara M. Hayes, Grantor **STATE OF NEVADA**) ss. **COUNTY OF DOUGLAS** This instrument was acknowledged before me on April 5, 2023, by David R. Cochran. WITNESS my hand and official seal. BARBARA AUFIERO Notary Public - State of Nevada Appointment Recorded in Washoe County No: 08-6140-2 - Expires February 1, 2024 STATE OF NEVADA ss. **COUNTY OF DOUGLAS** This instrument was acknowledged before me on April (2, 2023, by Kara M. Hayes. WITNESS my hand and official seal. TAMMY STEELE NOTARY PUBLIC STATE OF NEVADA Appt No. 94-4522-3 My Appt. Expires August 04, 2026 NOTARY PUBL

Page 2 of 2

1. Assessor Parcel Number(s) a) 1319-10-210-010 b) c) d) 2. Type of Property: a) Vacant Land b Single Fam. Res. c) Condo/Twnhse d) e) Apt. Bldg f) Comm' /Ind' g) Agricultural h) Mobile Home i) Other 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: 100.00 % 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 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 Capacity Grantor Signature Capacity Grantor Signature Capacity Grantor Print Name: Address: P.O. Box 555 City: Genoa State: Nevada Zip: 89411 COMPANY/PERSON REQUESTING RECORDING (required if not the seller of buyer) Print Name: State: Nevada Zip: 89411 COMPANY/PERSON REQUESTING RECORDING (required if not the seller of buyer) State: State: State: State: Zip: Zip: (AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)	STATE OF NEVADA DECLARATION OF VALUE	
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Address: P.O. Box 555 City: Genoa State: Nevada Zip: 89411 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Address: City: State: Vevada Zip: 89411 Escrow # Zip: 89411 Zip: 89411	(REQUIRED)	(REQUIRED)
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City: Genoa City: Genoa State: Nevada Zip:89411 COMPANY/PERSON REQUESTING RECORDING	Print Name: Kara M. Hayes and David R. Cochra	Print Name: The Cochran-Hayes 2015 Trust
City: Genoa State: Nevada Zip:89411 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip:	Address: P.O. Box 555	Address: P.O. Box 555
State: Nevada Zip: 89411 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Escrow #		City: Genoa
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