

APN: 1319-10-210-010

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

Kara M. Hayes
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)

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TO HAVE AND TO HOLD said premises, with the appurtenances, unto said Grantee and Grantee's heirs and assigns forever.

DATED this 5th day of April, 2023.


David R. Cochran, Grantor

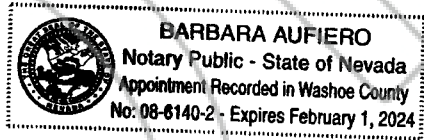

Kara M. Hayes, Grantor

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on April 5th, 2023, by David R. Cochran.

WITNESS my hand and official seal.

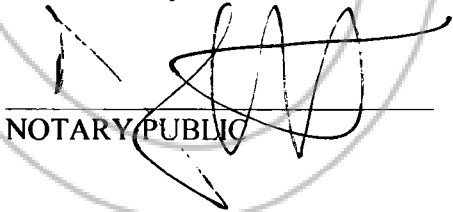

NOTARY PUBLIC

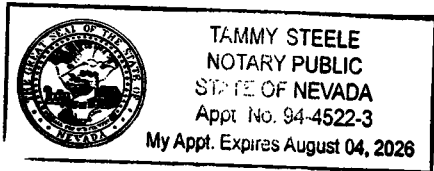


STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on April 6th, 2023, by Kara M. Hayes.

WITNESS my hand and official seal.


NOTARY PUBLIC



STATE OF NEVADA
DECLARATION OF VALUE

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) 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 _____	
NOTES: <u>Verified Trust - js</u>	

3. Total Value/Sales Price of Property: \$0.00
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 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 *Kara M. Hayes* Capacity Grantor
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
Print Name: Kara M. Hayes and David R. Cochra
Address: P.O. Box 555
City: Genoa
State: Nevada Zip: 89411

BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: The Cochran-Hayes 2015 Trust
Address: P.O. Box 555
City: Genoa
State: Nevada Zip: 89411

COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer)
Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____