

APN: 1420-28-710-010

RETURN RECORDED DEED TO:
KYLE A. WINTER, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



SHAWNYNE GARREN, RECORDER E07

GRANTEE/MAIL TAX STATEMENTS TO:
PAULA M. LOCHRIDGE, Trustee
1376 Saratoga Street
Minden, Nevada 89423

The person executing this document hereby affirms that this document submitted for recording does not contain the social security number of any person or persons pursuant to NRS 239B.030.

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE, made on July 25, 2023, by and between PAULA M. LOCHRIDGE, an unmarried woman as her sole and separate property, grantor, and PAULA M. LOCHRIDGE, Trustee of THE PAULA M. LOCHRIDGE FAMILY TRUST, grantee,

WITNESSETH:

The grantor, for good and valuable consideration to her in hand paid by the grantee, the receipt whereof is hereby acknowledged, does by these presents grant, bargain, and sell to the grantee, and to her successors and assigns, all that certain parcel of real property commonly known as 1376 Saratoga Street, Minden, Nevada 89423, more particularly described as follows:

Lot 24, as shown on the map of Saratoga Heights Unit No. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on December 5, 1966, as Document No. 34826.

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(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on January 31, 2023, as Document No. 2023-993565).

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder or remainders, rents, issues, and profits thereof.


TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said grantee and to her successors and assigns forever.

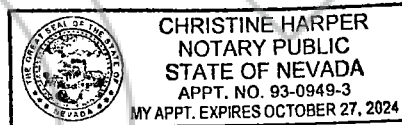
IN WITNESS WHEREOF, the grantor has executed this conveyance the day and year first above written.


PAULA M. LOCHRIDGE

STATE OF NEVADA)
 : ss.
CARSON CITY)

On July 25th, 2023, personally appeared before me, a notary public, PAULA M. LOCHRIDGE personally known (or proved) to me to be the person whose name is subscribed to the foregoing Grant, Bargain and Sale Deed, who acknowledged to me that she executed the foregoing document.


NOTARY PUBLIC



State of Nevada Declaration of Value

1. Assessor Parcel Number(s):

- a) 1420-28-710-010
- b)

2. Type of Property:

- a) Vacant Land
- b) Single Family Res.
- c) Condo/Townhouse
- d) 2-4 Plex
- e) Apartment Bldg.
- f) Comm'l/Ind'l
- g) Agricultural
- h) Mobile Home
- i) Other

FOR RECORDER'S OPTIONAL USE ONLY

Document/Instrument #:
 Book: _____ Page: _____
 Date of Recording: 7/26/23
 Notes: *Trust of Paula M. Lochridge*

3. Total Value/Sales Price of Property:

\$ _____
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 7
- b. Explain Reason for Exemption: A transfer of title to a trust without consideration if a certificate of trust is presented at the time of transfer.

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 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 *Paula Lochridge* Capacity Grantor
 Signature *Paula Lochridge* Capacity Grantee

SELLER (GRANTOR) INFORMATION REQUIRED

BUYER (GRANTEE) INFORMATION REQUIRED

Print Name Paula M. Lochridge Print Name Paula M. Lochridge, Trustee, of
 Address: 1376 Saratoga Street THE PAULA M. LOCHRIDGE FAMILY TRUST
 City: Minden City: Minden
 State: NV Zip: 89423 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Allison MacKenzie, Ltd. Escrow #
 Address: 402 North Division Street, P.O. Box 646
 City: Carson City State: NV Zip: 89702