

A.P.N. No.:	1220-22-110-089
R.P.T.T.	\$0.00
File No.:	
Recording Requested By:	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
	William J. Floering, Trustee of The William Floering Trust dated July 12, 2023
	P.O. Box 6638
	Gardnerville, NV 89460



SHAWNYNE GARREN, RECORDER E07

## GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That **William John Floering, a single man** for valuable consideration, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to **William J. Floering, Trustee of The William Floering Trust dated July 12, 2023**, all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

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

Lot 137, as shown on the Official Map of GARDNERVILLE RANCHOS UNIT NO. 5, filed for record in the office of the Douglas County Recorder, State of Nevada on November 4, 1970, in Book 80, Page 675, as Document No. 50056, Official Records.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: August 28, 2023

SIGNATURES AND NOTARY ON PAGE 2  
THIS GRANT BARGAIN SALE DEED MAY BE SIGNED IN COUNTERPART.


William John Floering  
William John Floering

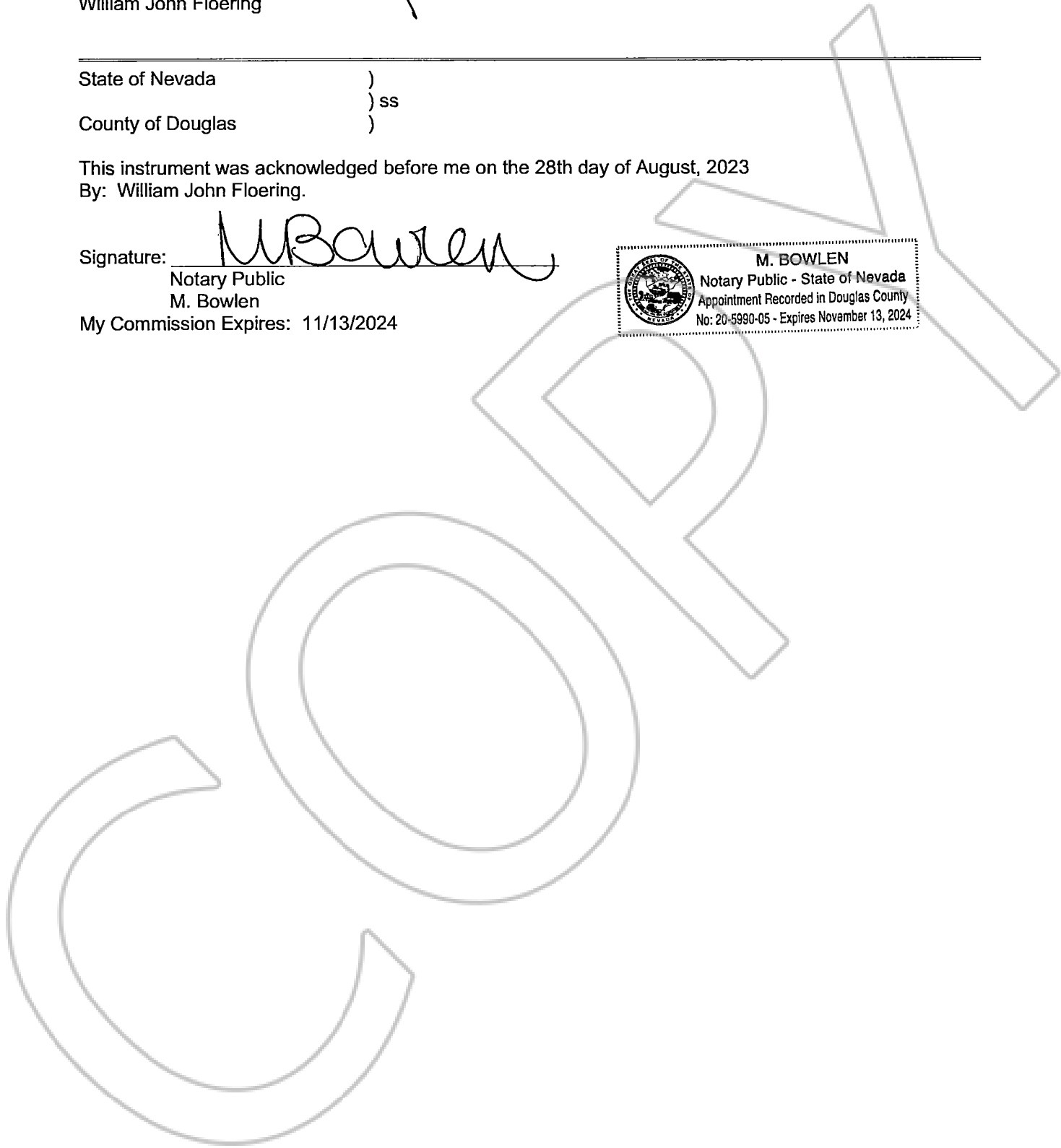
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State of Nevada                    )  
  ) ss  
County of Douglas            )

This instrument was acknowledged before me on the 28th day of August, 2023  
By: William John Floering.

Signature: M. Bowlen  
Notary Public  
M. Bowlen  
My Commission Expires: 11/13/2024

 M. BOWLEN  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 20-5990-05 - Expires November 13, 2024



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 1220-22-110-089  
 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  
 Other \_\_\_\_\_

**FOR RECORDERS OPTIONAL USE ONLY**  
 Book \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: 8/28/23  
 Notes: Sum A ok 18

3. a. Total Value/Sales Price of Property                      \$ 0.00  
 b. Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 c. Transfer Tax Value:    \$ 0.00  
 d. Real Property Transfer Tax Due                                      \$ 0.00

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section #7  
 b. Explain Reason for Exemption: Transfer title into trust, no consideration

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 William John Floering Capacity \_\_\_\_\_ Grantor/Grantee \_\_\_\_\_  
 William John Floering  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: William John Floering  
 Address: P.O. Box 6638  
 City: Gardnerville  
 State: NV 89460

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Print Name: William J. Floering, Trustee of  
The William Floering Trust  
dated July 12, 2023,  
 Address: P.O. Box 6638  
 City: Gardnerville  
 State: NV 89460

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