STAN A WILLSON APN# 1220-20-001-031 Recording Requested by/Mail to: Name: Stanley Austin Willson

Address: 1066 Kimmer ling Rd

City/State/Zip: Gardnerville, NV 89460-7524 SHAWNYNE GARREN, RECORDER Mail Tax Statements to: Address: 2305 New Jersey Ave City/State/Zip: Son Jose, CA 95124 Quitclain Deed to Revocable Trust Title of Document (required) Please complete the Affirmation Statement below: The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable) Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525 (5) Military Discharge – NRS 419.020 (2) Other NRS Deed (state specific law) I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030) This document is being (re-)recorded to correct document # , and is correcting MA

DOUGLAS COUNTY, NV

Rec:\$40.00

Total:\$40.00

2024-1008531

Pgs=6

05/28/2024 09:59 AM

Recording Requested and Prepared By: STANLEY AUSTIN WILLSON When Recorded Mail To and Mail Tax Statements:

Name: STANLEY AUSTIN WILLSON Mailing Address: 2305 NEW JERSEY AVE

SAN JOSE, CA 95124

APN: 1220-20-001-031

Space Above This Line Reserved for **Recorders** Use

R.P.T.T. EXEMPT 07

QUITCLAIM DEED TO REVOCABLE TRUST

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF ZERO DOLLARS (\$0.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, STANLEY AUSTIN WILLSON, an unmarried person, of 2305 NEW JERSEY AVE, SAN JOSE, CA 95124, who acquired title as STANLEY WILLSON, an unmarried man as his sole and separate property, on the prior deed, hereinafter referred to as "Grantor", does hereby remise, release and forever quitclaim unto STANLEY AUSTIN WILLSON, as Trustee of THE STANLEY AUSTIN WILLSON REVOCABLE LIVING TRUST, dated PYILSON, of 2305 NEW JERSEY AVE, SAN JOSE, CA 95124, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of DOUGLAS, State of Nevada, to-wit:

See Exhibit A.

Commonly known as: 1066 KIMMERLING RD GARDNERVILLE, NV 89460-7524

The property herein conveyed is not a part of the homestead of Grantor.

SUBJECT TO the Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any.

The then-acting Trustee has the power and authority to encumber or otherwise to manage and dispose of the hereinabove described real property; including, but not limited to, the power to convey.

WITNESS Grantor(s) hand(s) this the 5 day of April , 2024.
Grantor STANLEY AUSTIN WILLSON
A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIE ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHIC THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OVALIDITY OF THAT DOCUMENT.
State of California
On April 5,2024 before me, Suan D-Blito
Notary Public, personally appeared STANLEY AUSTIN WILLSON , who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the withir 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. SUSAN D. POLITO Notary Public - California Santa Clara County Commission # 2469667 My Comm. Expires Dec 2, 2027

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

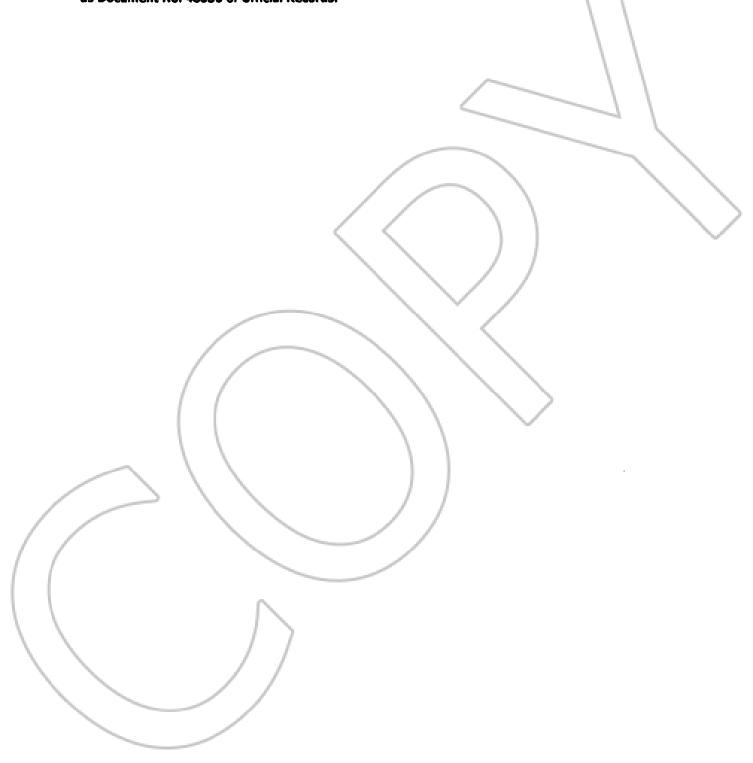
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	}
County of Same assa	}
On	(Here insert name and title of the officer)
name(s) is/are subscribed to the within i he/she/they executed the same in his/he	actory evidence to be the person(s) whose nstrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and com-	rect. FERNANDO F. CROCE Notary Public - California Santa Clara County Commission = 2384698 My Comm. Expires Dec 24, 2025
Notary Public Signature (No ADDITIONAL OPTIONAL INFORMATIONAL OPTIONAL INFORMATIONAL I	tary Public Seal) INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and
DESCRIPTION OF THE ATTACHED DOCUMENT ONT ON PETO 19 (Title or description of attached document)	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. State and County information must be the State and County where the documen signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued) Number of Pages Document Date	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or he commission followed by a comma and then your title (notary public).
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other Other	 Print the name(s) of document signer(s) who personally appear at the time o notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document with a staple.

2015 Version W.W. Notary Classes com 810-873-9855

EXHIBIT A

Lot 3, in Block B, of MARRON ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330 of Official Records.



FOR RECORDERS OPTIONAL USE ONLY DECLARATION OF VALUE Document/Instrument#: 1. Assessor Parcel Number (s) Date of Recording: _5/28/ (a) 1220 - 20 - 001 - 031 2. Type of Property: b) Single Fam Res. a) Vacant Land c) Condo/Twnhse d) 2-4 Plex f) Comm'l/Ind'l e) Apt. Bldg. g) Agricultural h) Mobile Home I) Other \$ NA 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: __ title to or from a trust b. Explain Reason for Exemption: A transfer of without consideration 5. Partial Interest: Percentage being transferred: N/P 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. Capacity Owner Signature X Stances Capacity ___ Signature **BUYER (GRANTEE) INFORMATION SELLER (GRANTOR) INFORMATION** (REQUIRED) (REQUIRED) Print Name: The Stanley Austin Willson Revocable Print Name: Stanley Willson Address: Address: Son Jose City: City: CA Zip: 95124 Zip: 95124 State: State: COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER) Escrow# Print Name: Address: State: _____ Zip: ____ City:

STATE OF NEVADA

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)