RECORDING REQUESTED BY 2969T0 Escrow No. Order No. AND WHEN RECORDED MAIL TO ROBERT R. SANFILIPPO Name DIANA L. BROWN-SANFILIPPO P. O. BOX 2365 STATELINE, NV 89449 Address City & State SPACE ABOVE THIS LINE FOR RECORDER'S USE -#2969 LCP 007-440-12 INDIVIDUAL GRANT DEED A.P.N. The undersigned grantor(s) declare(s): Documentary transfer tax is \$ _________________) computed on full value of property conveyed, or) computed on full value less value of liens and encumbrances remaining at time of sale.) City of . XX) Unincorporated area: (and FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, ROBERT R. SANFILIPPO, AN UNMARRIED MAN AND DIANA L. BROWN, AN UNMARRIED WOMAN AS JOINT TENANTS hereby GRANT(S) to ROBERT R. SANFILIPPO AND DIANA L. BROWN-SANFILIPPO, HUSBAND AND WIFE the following described real property in the UNINCORPORATED AREA , State of California: County of DOUGLAS LOT 12 AS SHOWN ON THE AMENDED MAP OF KINGSBURY PINES FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 2, 1979. AS DOCUMENT NO. 32082. TOGETHER WITH AN EASEMENT OVER LOT A (COMMON AREA) AS SET FORTH IN SECTIONS 1 AND 2 OF ARTICLE II OF THE COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED OCTOBER 4, 1978, IN BOOK 1078 OF OFFICIAL RECORDS AT PAGE 319, FILE NO. 26002 AND RE-RECORDED OCTOBER 20, 1979 IN BOOK 1078 OF OFFICIAL RECORDS AT PAGE 1652 BOTH OF DOUGLAS COUNTY, STATE OF NEVADA. NOVEMBER 3, Dated: STATE OF CALIFORNIA DIANA L. BROWN personally appeared personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is / are subscribed to the within instrument DAN WELLS and acknowledged to me that he / she / they executed the same in his / her / their COMM. # 971036 NOTARY PUBLIC-CALIFORNIA authorized capacity(ies), and that by his/her/their signature(s) on the instru-SACRAMENTO COUNTY ment the person(s), or the entity upon behalf of which the person(s) acted, COMM. EXPIRES AUG. 10,1996 executed the instrument. WITNESS my hand and official seal

(This area for official notarial seal)

MAIL TAX

Signature

STATEMENTS TO: _

NAME

ADDRESS

CITY, STATE & ZIP



'95 NUV 15 A11 :25

374832 BK | 195PG2344 UNDA SLATER OF PAID KO DEPUTY