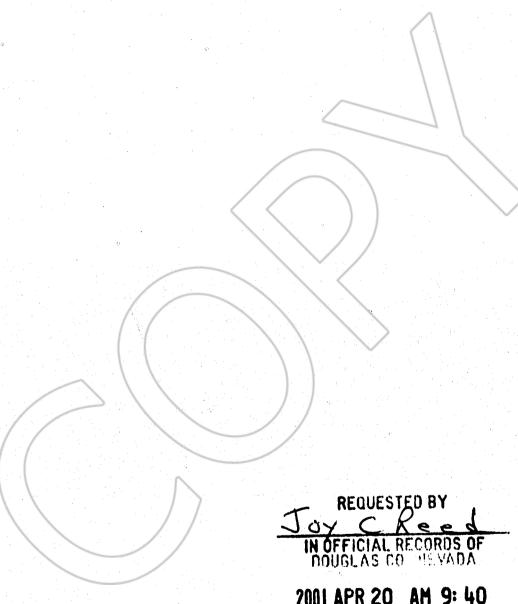
	APN 5-242-37
RECORDING REQUESTED BY	
AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO: NAME JOY C. REED STREET ADDRESS 1665 CLAY DR CITY LOS ALTOS, STATE ZIP CALIF	
21P CALLE 94024	
Title Order No Escrow No	
	SPACE ABOVE THIS LINE FOR RECORDER'S USE
GRANT DEED	DOCUMENTARY TRANSFER TAX - EXEMPT computed on full value of property conveyed, or computed on full value less liens and encumbrances remaining at time of sale. SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX FIRM NAME
FOR VALUABLE CONSIDERATION, receipt of which is ac	
	(NAME OF GRANTOR(8))
A C W	(NAME OF GRANTEER) & THOMAS WILLIAM REED,
AN UNDIVIDED 7% OF MY HOLD	DING OF 43,45%
all that real property situated in the City of	(or in an unincorporated area of)
DOUGLAS	County, State of NEVADA, described as follows (insert legal description): TAP OF THE AMENDED PLATE OF
ON JANUARYD, 1920	TAHOE, NEVADA FILED IN THE OFFICE DER OF DOUGLAS COUNTY, NEVADA
Assessor's parcel No. 5-242-37 Executed on	, at
STATE OF <u>CLACIFORNIA</u>	CITY AND STATE)
COUNTY OF SANTA CLARA	105 ALTOS C.A. 9402
On ARRIL 2, 20 Botoro me, June N.	TONES TONES
personally appeared Toy C, PEED	RIGHT THUMBPRINT (Optional)
percentily known to me (or proved to me on the basis of sa name(n): '/ase subscribed to the within instrument and acknown in 'nit/her/wist' authorized capacity(ies), and that by person(n), or the entity upon behalf of which the person(s	owledged to me that he/she/they executed the his/her/their signature(e) on the instrument the
WITNESS my hand and official seal.	IVAR N. JONES Commission # 1254705 Notary Public — California CAPACITY CLAIMED BY SIGNER(S) INDIVIDUAL(S) CORPORATE OFFICERS
MAIL TAX STATEMENT TO: (SEAL)	Santa Clara County My Comm. Expires Mar 24, 2004 PARTNER(S) LIMITED GENERAL ATTORNEY IN FACT TRUSTEE(S)
	☐ GUARDIAN/CONSERVATOR
Before you use this form, fill in all blanks, and make whatever changes are apple lawyer if you doubt the form's fitness for your purpose and use. Wolcotts respect to the merchantability or fitness of this form for an interrupt of the work of the work of the form for an interrupt of the work o	2664 SIGNER IS REPRESENTING: (NAME OF PERSON(S) OR ENTITY(IES)):
BK 0 4 0 1 P	G5002



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LINUA SLATER RECORDER _PAIDS 2_DEPUTY