

APN:1418-34-111-027  
RPTT \$0.000 #5

**WHEN RECORDED MAIL TO:**

Name Julianne M. Kowalski  
Address P.O. 463  
City,State Minden, NV  
Zip 89423

**MAIL TAX STATEMENTS TO:**

Name Julianne M. Kowalski  
Address P.O. Box 463  
City,State Minden, NV  
Zip 89423  
Order  
No.

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-1206 PG- 4727 RPTT: # 5



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**GRANT, BARGAIN AND SALE DEED**

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Miklos Laborczy, an unmarried man

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Robert G. Kowalski and Julianne M. Kowalski, husband and wife as joint tenants and Miklos Laborczy, III, an unmarried man, ALL TOGETHER AS JOINT TENANTS

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Minden, 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 5 in Block 1, of CAVE ROCK VILLAGE SUBDIVISION, according to the map filed in the office of the County Recorder of Douglas County, State of Nevada on October 5, 1953, as Document No. 9223, of Official Records.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 12/04/2006

Miklos Laborczy  
Miklos Laborczy

STATE OF California } ss  
COUNTY OF \_\_\_\_\_ }  
This instrument was acknowledged before me on

\_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
see attached

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

No. 5007

State of California

County of Los Angeles

On Dec. 8<sup>th</sup> 2006 before me, A. Leckliter, a notary public

DATE

NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Miklos Laborczy

NAME(S) OF SIGNER(S)

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 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.



WITNESS my hand and official seal.

A. Leckliter

SIGNATURE OF NOTARY

**OPTIONAL**

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

**CAPACITY CLAIMED BY SIGNER**

**DESCRIPTION OF ATTACHED DOCUMENT**

- INDIVIDUAL
- CORPORATE OFFICER

- PARTNER(S)
- LIMITED
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

- GENERAL

TITLE(S)

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

SIGNER(S) OTHER THAN NAMED ABOVE

