

OFFICIAL RECORD

Requested By:

DOCUMENT PREPARATION

APN: 1219-15-002-027

RECORDING REQUESTED BY:

Name: CHARLES R. WILLIAMSON
Address: 18455 Half Moon Street
City/State/Zip: Sonoma, CA 95476

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00
BK-0809 PG- 607 RPTT: # 7



WHEN RECORDED MAIL TO:

Name: CHARLES R. WILLIAMSON
Address: 18455 Half Moon Street
City/State/Zip: Sonoma, CA 95476

MAIL TAX STATEMENT TO:

Name: CHARLES R. WILLIAMSON
Address: 18455 Half Moon Street
City/State/Zip: Sonoma, CA 95476

GRANT BARGAIN AND SALE DEED

Please complete Affirmation Statement below:

X I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

(State specific law)

Charles R. Williamson
Signature

GRANTOR/TRUSTEE
Title

CHARLES R. WILLIAMSON
Print Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black in.
(Additional recording fee applies.)

