A.P.N.: 1318-22-002-076 Escrow No.: 1097190-WD

RECORDING REQUESTED BY

Northern Nevada Title Company 1483 US Highway 395 N # B Gardnerville, NV 89410

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO

William E. Craig and Raejean Craig P. O. Box 11074 Zephyr Cove, NV 89448 DOC # 0791716
10/31/2011 10:46 AM Deputy: GE
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 2 Fee: 40.00 BK-1011 PG-5568 RPTT: 842.40



THIS SPACE FOR RECORDER'S USE ONLY

The undersigned grantor(s) declare(s): Documentary Transfer tax is \$842.40,

## GRANT, BARGAIN, SALE DEED

That Sharon A. Duty, Successor Trustee of the Duty Family Trust dated September 18, 2001 in consideration of \$10.00 Dollars, the receipt of which is hereby acknowledged, do(es) hereby Grant, Bargain, Sell and Convey to William E. Craig and Raejean Craig, husband and wife, as Joint Tenants all that real property in the County of Douglas, State of Nevada, bounded and described as follows:

All that certain real property situated in the County of Douglas, State of Nevada, described as follows: Lot 29, in Block 2, as shown on the Official Map of OLIVER PARK, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 2, 1959, in Book 1 of Maps, as Document No. 14034.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Dated: October 6, 2011

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è	The Duty Family Tru	ust dated Septen	nber 18, 2001	/	/	
	BY: Drin	Allet	Successor	Trusted	_	
Ì	Sharon A. Duty,	Successor Trus				
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	COUNTY OF	) [°	N		1 /2 /2/	a + Htechal
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١	On	Derce	mally anygared he	fore me a No	tary Public, Sharon A. Du	dy who
7	L 11				tary 1 ublic, Sharon A. Du	ty who
	acknowledged that _	_neexecuted	-ane above instrun	nent.		
			/			
	Signature		/			
١,	(Notary Publie)			<del></del>		

## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California  County of Santa Cuz  On October 7, Wester me, LT  personally appeared Sharon X.L	Here/fisert Name and Title of the Officer  Name(s) of Signer(s)
L. T. WALKING COMM. # 1829830 NOTARY PUBLIC - CALIFORNIA SANTA CRIZ COUNTY MY COMM. Edy. Jam. 14, 2013	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that be/she/tkey executed the same in his/her/their authorized capacity(ies), and that by his/fer/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.
Place Notary Seal Above  OPTI	WITNESS my hand and official seed.  Signature Signature of Notary Public  ONAL  may prove valuable to persons relying on the document
Description of Attached Document  Title or Type of Document:  Document Date:    Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Date:   Document Da	
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer(s)  Signer's Name: Sharon Duty	Signer's Name:
Individual  □ Corporate Officer — Title(s): □ Partner — □ Limited □ General □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other: □ Signer Is Representing: 50	☐ Individual ☐ Corporate Officer — Title(s):