

Doc Number: **0818342**

02/15/2013 12:02 PM

OFFICIAL RECORDS

Requested By  
ROBERT LLOYD

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 2 Fee: \$ 15.00  
Bk: 0213 Pg: 4194 RPTT # 5



Deputy: pk

APN: 1420-34-410-025

R.P.T.T. 50.00

File No. 2889196

When Recorded Mail To and  
Mail Tax Statement To:  
ROBERT LLOYD  
2631 GORDON AVE.  
MINDEN, NV. 89423

### GRANT, BAGAIN AND SALE DEED

For a valuable consideration, receipt of which is hereby acknowledged,

ROBERT A. LLOYD, A MARRIED MAN AS HIS SOLE AND SEPERATE PROPERTY

does hereby Grant, Bargain, Sell and Convey to

PAIGE STORY LLOYD, ~~SPOUSE OF THE GRANTEE~~ *Robert A. Lloyd*  
*As joint tenants with right of survivorship.*

All that certain parcel of land situate in the County of DOUGLAS, State of Nevada, more particularly described as follows:

LOT 25 IN BLOCK 3, OF RE-SUBDIVISION OF PORTIONS OF ARTEMISIA SUBDIVISION,  
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF  
NEVADA, ON APRIL 23, 1962, FILE NO. 199909

Tax/Parcel ID: 1420-34-410-025

Property Address: 2631 GORDON AVENUE MINDEN, NV. 89423

Subject to: 1. All general and special taxes for the current fiscal year.  
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of way and  
Easements now of record, if any.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

**NEVADA INDIVIDUAL ACKNOWLEDGMENT**

State of Nevada }  
County of Douglas } ss.

This instrument was acknowledged before me on this

the 8th day of February, 2013, by  
Day Month Year

*x Nancy Paige Story-Lloyd*

(1) Nancy Paige Story-Lloyd (1)  
Name of Signer

(and

*x Robert Anthony Lloyd*

(2) Robert Anthony Lloyd (1)  
Name of Signer

*Michelle Ward*

Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

*Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER #1**

Top of thumb here

**RIGHT THUMBPRINT OF SIGNER #2**

Top of thumb here