

DOC # 829885  
08/30/2013 01:12PM Deputy: PK  
OFFICIAL RECORD

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-813 PG-8624 RPTT: 897.00



A.P. No. 1219-15-001-109  
Escrow No. 143-2452075-Rt/VT  
R.P.T.T. \$897.00

*WHEN RECORDED RETURN TO:*

Nick Fontecchio and Charlotte Fontecchio  
970 Sheridan Lane  
Gardnerville, NV 89411

*MAIL TAX STATEMENTS TO:*

970 Sheridan Lane  
Gardnerville, NV 89411

**GRANT, BARGAIN and SALE DEED**

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

Karent T. and William R. Birk, wife and husband, as joint tenants with right of survivorship as to a 50% interest and William R. Birk a married man and Wayne E. Birk a single man as their sole and separate property as joint tenants with right of survivorship as to a 50% interest

do(es) hereby *GRANT, BARGAIN and SELL* to

NICHOLAS A. FONTECCHIO JR. AND CHARLOTTE Z. FONTECCHIO, HUSBAND AND WIFE

the real property situate in the County of Douglas, State of Nevada, described as follows:

**LOT 19, AS SHOWN ON THE OFFICIAL MAP OF SHERIDAN ACRES UNIT NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 8, 1966, IN BOOK 41, PAGE 192, AS DOCUMENT NO. 32486.**

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.

*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.

Date: 08/21/2013



Karen T. Birk  
Karen T. Birk

William R. Birk  
William R. Birk

William R. Birk  
William R. Birk

\_\_\_\_\_  
Wayne E. Birk

STATE OF **NEVADA** )  
                                  : **ss.**  
COUNTY OF                 )  
**DOUGLAS**

This instrument was acknowledged before me on  
8/26/13 by  
**Karen T. Birk and William R. Birk and William  
R. Birk and Wayne E. Birk.**



Rishele L. Thompson  
Notary Public  
(My commission expires: 4/10/15)

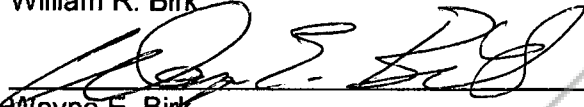
This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated  
08/21/2013 under Escrow No. 143-2452075



\_\_\_\_\_  
Karen T. Birk

\_\_\_\_\_  
William R. Birk

\_\_\_\_\_  
William R. Birk

  
\_\_\_\_\_  
Wayne E. Birk

STATE OF NEVADA    )  
                                  : ss.  
COUNTY OF            )  
DOUGLAS

This instrument was acknowledged before me on \_\_\_\_\_ by  
**Karen T. Birk and William R. Birk and William R. Birk and Wayne E. Birk.**

\_\_\_\_\_  
Notary Public  
(My commission expires: \_\_\_\_\_)

This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated 08/21/2013 under Escrow No. 143-2452075

*See Calif. Certificate*

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California



BK 813  
PG-8627

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County of Butte

On Aug 28, 2013 before me, Maylene Claborn Notary Public  
(Here insert name and title of the officer)

personally appeared Wayne E Birk

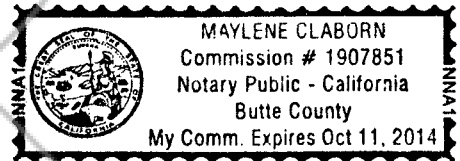
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Maylene Claborn  
Signature of Notary Public  
Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### INSTRUCTIONS FOR COMPLETING THIS FORM

*Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

**DESCRIPTION OF THE ATTACHED DOCUMENT**

Grant Bargain Sale  
(Title or description of attached document)

Seed  
(Title or description of attached document continued)

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

\_\_\_\_\_  
(Additional information)

**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)

Corporate Officer

\_\_\_\_\_  
(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other \_\_\_\_\_