DOC # 839419
03/13/2014 08:38AM Deputy: AR
OFFICIAL RECORD
Requested By:
American Title - Platinum
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 6 Fee: \$19.00
BK-314 PG-1785 RPTT: 0.00

Assessor's Parcel Number: 1319-30-520-009

After Recording Return To: Wells Fargo Bank, N.A. Attn: Document Mgt. P.O. Box 31557 MAC B6955-013 Billings, MT 59107-9900

This instrument was prepared by: Wells Fargo Bank, N.A. SHEILA B BEGGS DOCUMENT PREPARATION 7711 PLANTATION RD ROANOKE. VA 24019 1-800-580-2195

Space Above This Line For Recording Data

Mortgage Broker's Name:

NV License #:

Reference number: 20133629600032

Account number: 682-682-1919105-0xxx

## SHORT FORM DEED OF TRUST

### **DEFINITIONS**

Words used in multiple sections of this document are defined below. The Master Form Mortgage Deed includes other defined words and rules regarding the usage of words used in this document.

- (A) "Security Instrument" means this document, which is dated March 05, 2014, together with all Riders to this document.
- **(B) "Borrower"** is <u>NICK ABOOSH AND KIMBERLY ABOOSH, HUSBAND AND WIFE, AS JOINT TENANTS</u>. Borrower is the trustor under this Security Instrument.
- (C) "Lender" is Wells Fargo Bank, N.A. Lender is a national bank organized and existing under the laws of the United States of America. Lender's address is 101 North Phillips Avenue, Sioux Falls, SD 57104. Lender is the beneficiary under this Security Instrument.
- (D) "Trustee" is American Securites Company of Nevada.
- (E) "Debt Instrument" means the promissory note signed by Borrower and dated March 05, 2014. The Debt Instrument states that Borrower owes Lender TWENTY ONE THOUSAND FOUR HUNDRED FIFTY AND 00/100THS Dollars (U.S. \$21,450.00) plus interest. Borrower has promised to pay this debt in one or more regular Periodic Payments and to pay the debt in full not later than seven (7) calendar days after March 20, 2024.
- **(F)** "Property" means the property that is described below under the heading "Transfer of Rights in the Property."
- (G) "Loan" means all amounts owed now or hereafter under the Debt Instrument, including without limitation principal, interest, any prepayment charges, late charges and other fees and charges due under the Debt Instrument, and also all sums due under this Security Instrument, plus interest.

PG-1786

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(H)	"Riders" means all Riders to this Security Instrument that are executed by Borrower. I	The following Rider
	o be executed by Borrower [mark as applicable]:	./\

N/A Leasehold Rider
N/A Third Party Rider
N/A Other(s) [specify]
N/A

(I) "Master Form Deed of Trust" means the Master Form Deed of Trust dated August 14, 2007, and recorded on September 7, 2007, as Instrument No. 0708892 in Book/Volume 0907 at Page 1371 - 1381 of the Official Records in the Office of the Recorder of Douglas County/City, State of Nevada.

#### TRANSFER OF RIGHTS IN THE PROPERTY

This Security Instrument secures to Lender: (i) the repayment of the Loan, and all renewals, extensions and modifications of the Debt Instrument; and (ii) the performance of Borrower's covenants and agreements under this Security Instrument and the Debt Instrument. For this purpose, Borrower irrevocably grants and conveys to Trustee, in trust, with power of sale, the following described property located in the

County of Douglas
[Type of Recording Jurisdiction] [Name of Recording Jurisdiction]

THE REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS: UNIT 9, AS SET FORTH ON THE CONDOMINIUM MAP OF LOT 51, AMENDMENT MAP OF LOT 51, AMENDMENT MAP OF LOT 51, AMENDMENT MAP OF TAHOE VILLAGE UNIT NO.1, FILED OF RECORD MAY 25, 1982 AS DOCUMENT NO. 68043, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA. TOGETHER WITH AN UNDIVIDED 1/30TH INTEREST IN AND TO THOSE PORTIONS DESIGNATED AS COMMON AREAS AS SET FORTH ON THE CONDOMINIUM MAP OF LOT 51, AMENDED MAP OF TAHOE VILLAGE UNIT NO.1, FILED FOR RECORD MAY 25, 1982, AS DOCUMENT NO. 68043 OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA. SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY. APN: 1319-30-520-009

which currently has the address of

313 TRAMWAY DRIVE, UNIT 9

[Street]

STATELINE

, Nevada 89449 ("Property Address"):

[City]

[Zip Code]

TOGETHER WITH all the improvements now or hereafter erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property. All replacements and additions shall also be covered by this Security Instrument. All of the foregoing is referred to in this Security Instrument as the "Property." The Property shall also include any additional property described in Section 20 of the Master Form Deed of Trust.

BORROWER COVENANTS that Borrower is lawfully seised of the estate hereby conveyed and has the right to mortgage, grant and convey the Property and that the Property is unencumbered, except for encumbrances of record as of the execution date of this Security Instrument. Borrower warrants and will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.

# MASTER FORM DEED OF TRUST

By the execution and delivery of this Security Instrument, Borrower agrees that all of the provisions of the Master Form Deed of Trust are hereby incorporated in their entirety into this Security Instrument, which is intended to be recorded in the Official Records of the Office of the Recorder of Douglas County/City, Nevada. Borrower agrees to be bound by and to perform all of the covenants and agreements in the Master Form Deed of Trust. A copy of the Master Form Deed of Trust has been provided to Borrower.

BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in this Security Instrument and in any Rider executed by Borrower and recorded with it. Borrower also acknowledges receipt of a copy of this document and a copy of this Master Form Deed of Trust.

NICK ABOOSH

Borrower

KIMBEKLY ABOOSH

Borrower

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For An Individual Acting In His/Her Own Rig State of Nevada County of	;ht:
This instrument was acknowledged before	me on (date) by
NICK ABOOSH	\ \
KIMBERLY ABOOSH	
(name(s) of person(s)).	
(Seal, if any)	(Signature of notarial officer)
	(Title and rank (optional))

Loan Originator's Name: Jacquelynn Racheal Kramer NMLSR 1D: 910191

# **CALIFORNIA ALL-PURPOSE** CERTIFICATE OF ACKNOWLEDGMENT

State of California	\ \
_	\ \
County of <u>Sacramento</u>	\ \
On March 5th 2014 before me, M.	Kaur, Notary Public, (Here insert name and title of the officer)
On March 5 <sup>th</sup> Dol4 before me, M.  personally appeared Nick Abooch	Kimberly Aboosh
the within instrument and acknowledged to me tha	ence to be the person(s) whose name(s) is are subscribed to the shortney executed the same in his/her/then authorized on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the	laws of the State of California that the foregoing paragraph
is true and correct.	, , , , , , , , , , , , , , , , , , ,
`	M. KAUR
WITNESS my hand and official seal.	#1501500 O NOTATE PUBLIC CALIFORNIA SACRAMENTO COUNTY
$\sim V$	SACKAMILENTO
- 11/. fam	(Notary Seal)
Signature of Notary Public	
<b>+</b>	<del></del>
ADDITIONAL OP	FIONAL INFORMATION
/ /	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	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 execution is if a
Short Form Decol of Trus (Title or description of attached document)	document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be primed on such a document so long as the
( ) the didescription of attached documents	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
(Title or description of attached document continued)	document carefully for proper notarial wording and attach this form if required.
Number of Pages 4 Document Date 3/5/14	State and County information must be the State and County where the document
77	signer(s) personally appeared before the notary public for acknowledgment.  Date of notarization must be the date that the signer(s) personally appeared which
(Additional information)	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.
CAPACITY CLAIMED BY THE SIGNER  Individual (s)	<ul> <li>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</li> </ul>
☐ Corporate Officer	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.
(Title) □ Partner(s)	<ul> <li>Signature of the notary public must match the signature on file with the office of</li> </ul>
☐ Attorney-in-Fact	the county clerk.  Additional information is not required but could help to ensure this
☐ Trustee(s)	
	acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date
Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a</li> </ul>
	Indicate title or type of attached document, number of pages and date.

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Wells Fargo Bank, N.A.

Account#: 682-682-1919105-0xxx Reference #: 20133629600032

# Social Security Number Affirmation

I hereby affirm, pursuant to Nev. Rev. Stat. § 239B.030 (4), that the document(s) being submitted for recording do not include the social security number of any person.

Signature of person making affirmation

AURORA SMITH