

Doc Number: **0841837**

05/01/2014 12:06 PM

OFFICIAL RECORDS

Requested By
TSI

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 40.00

BK: 0514 Pg: 163 RPTT # 5



Deputy pk

APN: 1318-10-417-028

Affix R.P.T.T. \$ Exempt # 5

WHEN RECORDED MAIL TO and MAIL TAX
STATEMENTS TO:

Guadalupe and Theresa Chaidez
1302 Lobelia Ct.
Livermore, CA 94551

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That

Guadalupe Chaidez a Married Man.

in consideration of \$10.00 and other valuable consideration, the receipt of which is hereby
acknowledged, do hereby Grant, Bargain, Sell and Convey to

Guadalupe Chaidez and Theresa Chaidez Husband and wife as Joint Tenants with Rights of survivorship.

all that real property situated in the County of ~~Clark~~ **DOUGLAS**, State of Nevada, bounded and described as
follows:

Lot 6, in block 3, as shown on the Map of Zephyr Heights Subdivision, filed in the office of the recorder of
Douglas County, Nevada on July 5, 1947 in Book 1 of maps as file No 5160.

- Subject to:
1. Taxes for the current fiscal year, paid current.
 2. Conditions, covenants, restrictions, reservations, rights, rights of way and easements now of record, if any.

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

Witness my/our hand(s) on

Guadalupe Chaidez

Guadalupe L. Chaidez

4/24/14

SEE ATTACHED ACKNOWLEDGEMENT

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California


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 5/1/2014

County of ALAMEDA

On 04-24-2014 before me, HARPAL SAHI NOTARY PUBLIC
(Here insert name and title of the officer)

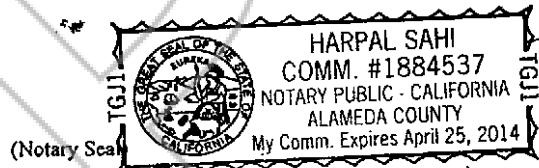
personally appeared GUADALUPE L CHAIDEZ

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.

Harpal Sahi
 Signature of Notary Public



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

(Title or description of attached document)

(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 _____