

A.P.N. 1318-15-111-014

RECORDING REQUESTED BY

Placer Title Company
9087 Foothills Blvd., Suite 700
Roseville, CA 95747

WHEN RECORDED MAIL THIS DEED
AND, UNLESS OTHERWISE SHOWN
BELOW, MAIL TAX STATEMENTS TO:

Steven M Berringer and Sheryl L Berringer and Marion M
Berringer and Gary D Berringer and Liane Berringer
23 River Oaks Rd.
San Rafael, CA 94901

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030)
 - I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.
- (State specific law)

Signature (Print name under signature)

Title

Order Number: 17-510120

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That Steven M Berringer and Sheryl L Berringer, husband and wife, and Marion M Berringer, an unmarried woman, and Gary D Berringer and Liane Berringer, husband and wife, all as joint tenants

In consideration of \$0.00 the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to Steven M. Berringer and Sheryl L. Berringer, Trustees of the Steven M. Berringer and Sheryl L. Berringer Trust Agreement dated March 9, 1998; Marion M. Berringer as Trustee of The Berringer Family Trust A under agreement dated January 19, 1989; and Gary D. Berringer and Liane Berringer, Trustees of the Gary and Liane Berringer Trust created by Agreement dated May 11, 2007

All that real property situated in the County of Douglas State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF FOR FULL LEGAL DESCRIPTION

Address: 191 Lake Shore Boulevard, Unit 65, Zephyr Cove, NV 89448

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

Witness my hand this 20th day of OCTOBER 20 14

Steven M. Berringer
Steven M. Berringer

Sheryl L. Berringer
Sheryl L. Berringer

Marion M. Berringer
Marion M. Berringer

Liane Berringer
Liane Berringer

Gary D. Berringer
Gary D. Berringer

Dated: 21st day of October, 2014

State of ~~Nevada~~ California
County of San Mateo
On 10/21/14
Notary Public,

before me, Ted J. Angeles Notary Public

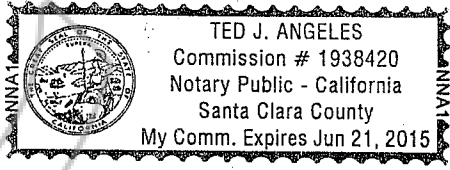
Marion M. Berringer

Personally known to me (or 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.

Witness my hand and official seal.

Ted J. Angeles
Notary Public in and for said County and State CA

(Space above for official notarial area.)



CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Marina

On October 20, 2014 before me, Peter E. Peterson, Notary Public
(Here insert name and title of the officer)

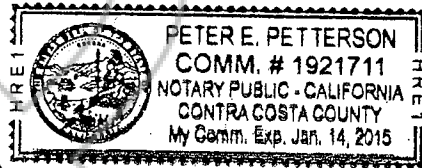
personally appeared Steven M. Benningea, Sheryl L. Benningea, Gregory D. Benningea,
 And Lane E. Benningea

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.

[Signature]
 Signature of 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 <u>Garment, Bargain, Sale</u> <small>(Title or description of attached document)</small> <u>DEED</u> <small>(Title or description of attached document continued)</small> Number of Pages <u>3</u> Document Date <u>10/20/2014</u> <small>(Additional information)</small>

CAPACITY CLAIMED BY THE SIGNER <input type="checkbox"/> Individual (s) <input type="checkbox"/> Corporate Officer <small>(Title)</small> <input type="checkbox"/> Partner(s) <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Trustee(s) <input type="checkbox"/> Other _____
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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Mateo

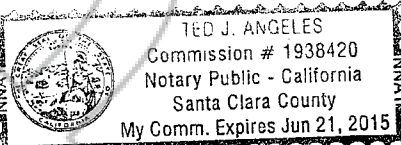
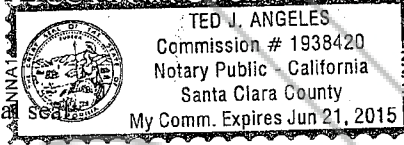
On 10/21/14 before me, Ted J. Angeles Notary Public
(Here insert name and title of the officer)

personally appeared Marion M. Berringer

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



[Signature]
 Signature of Notary Public

(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

<p style="text-align: center;">DESCRIPTION OF THE ATTACHED DOCUMENT</p> <p>_____</p> <p style="text-align: center;"><small>(Title or description of attached document)</small></p> <p>_____</p> <p style="text-align: center;"><small>(Title or description of attached document continued)</small></p> <p>Number of Pages _____ Document Date _____</p> <p>_____</p> <p style="text-align: center;"><small>(Additional information)</small></p>

<p style="text-align: center;">CAPACITY CLAIMED BY THE SIGNER</p> <p><input type="checkbox"/> Individual (s)</p> <p><input type="checkbox"/> Corporate Officer</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><small>(Title)</small></p> <p><input type="checkbox"/> Partner(s)</p> <p><input type="checkbox"/> Attorney-in-Fact</p> <p><input type="checkbox"/> Trustee(s)</p> <p><input type="checkbox"/> Other _____</p>

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- Securely attach this document to the signed document

EXHIBIT "A"
LEGAL DESCRIPTION

The land described herein is situated in the State of Nevada, County of Douglas, described as follows:

PARCEL NO. 1

Lot 65, as shown on the official plat of PINEWILD UNIT NO. 2, a Condominium, filed for record in the office of the County Recorder, Douglas County, Nevada, on October 23, 1973, as Document No. 69660.

PARCEL NO. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said units designated as "Restricted Common Areas" on the Subdivision Map referred to in Parcel No. 1 above.

PARCEL NO. 3

An undivided interest as tenants in common as such interest is set forth in Book 377, at Page 417 thru 421, of the real property described on the Subdivision Map referred to in Parcel No. 1 above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, a Condominium Project, recorded March 9, 1977, in Book 377 of Official Records at Page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, and excepting non-exclusive easements for ingress and egress, utility service, support encroachments, maintenance and repair over the Common Areas as defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

PARCEL NO. 4

Non-exclusive easements appurtenant to Parcel No. 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in the Declaration of Covenants, Conditions, and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.

APN: 1318-15-111-014

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a. 1318-15-111-014
 b. _____
 c. _____
 d. _____

2. Type of Property:
 a. Vacant Land
 b. Single Fam. Res.
 c. Condo/Twnhse
 d. 2-4 Plex
 e. Apt. Bldg
 f. Comm'l/Ind'l
 g. Agricultural
 h. Mobile Home
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: gbSAW TRUST

3. a. Total Value/Sales Price of Property \$ 0
 b. Deed in Lieu of Foreclosure Only (value of property) _____
 c. Transfer Tax Value: \$ 0
 d. Real Property Transfer Tax Due \$ 0

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 07
 b. Explain Reason for Exemption: Transfer to a trust with zero consideration

5. Partial Interest: Percentage being transferred: 100 %
 The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Handwritten Signature] Capacity Grantor agent
 Signature _____ Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Steven M Berringer, Sheryl L*
 Address: 191 Lake Shore Blvd, unit 6S
 City: Zephyr Cove
 State: NV Zip: 89448

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Steven M. Berringer, Sheryl L. Berringer,**
 Address: 191 Lake Shore Blvd, unit 6S
 City: Zephyr
 State: NV Zip: 89448

* Berringer, Marion M. Berringer, Gary D Berringer & Liane Berringer
COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: National Closing Solutions Escrow #: 17-510120
 Address: 9087 foothills Blvd
 City: Roseville State: CA Zip: 95747

* Marion M. Berringer, Gary D Berringer & Liane Berringer, Trustees