

17

APN Number: 1319-15-000-015
Recording Requested by: GRANTOR
Paul Foster
4032 Borderlands, Dr RANCHO Cordova CA
95742



KAREN ELLISON, RECORDER

Return Documents to:
✓ HANS HATCHETT
4026 Borderlands Dr
RANCHO Cordova, CA. 95742
Mail Tax Statement to:
HANS HATCHETT
4026 Borderlands Dr
RANCHO Cordova, CA. 95742

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 11TH day of DEC. , 2014 by the Grantor(s)
Paul Foster
4032 Borderlands Dr.
RANCHO Cordova, CA. 95742

to the Grantee(s), HANS HATCHETT AND ROBERTHA HATCHETT
AS JOINT TENANTS. Address: 4026 Borderlands Dr.
RANCHO Cordova, CA. 95742

WITNESSETH, that the said Grantor, for \$ 1000.00
ONE THOUSAND dollars

the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the
said Grantee forever, all the right, title, interest and claim which the said Grantor has in and to
the following described parcel of land, and improvements and appurtenances thereto in the

County of Douglas
State of Nevada, to wit: (Legal Description) SEE ATTACHED EXHIBIT A

Commonly known as:

IN WITNESS WHEREOF, The said Grantor has signed and sealed these presents the day and year first above written.

I or, (We), the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security Number,

Signed, sealed and delivered in presence of:

Signature: *Paul Foster*
Print Name: PAUL FOSTER
Capacity: GRANTOR

Signature: _____
Print Name: _____
Capacity: _____

Signature: _____
Print Name: _____
Capacity: _____

Signature: _____
Print Name: _____
Capacity: _____

STATE OF CALIFORNIA }

COUNTY OF SACRAMENTO }

On _____ before me, _____ personally appeared

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.

See Attached California Acknowledgment
[Seal]

Signature of Notary _____

Print Name _____

My Commission Expires _____

Certificate of Appointment Number _____
(For Nevada Notaries Only)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Sacramento

On 12-12-2014 before me, Ayman I Alaaraj, notary public
(Here insert name and title of the officer)

personally appeared Paul Foster

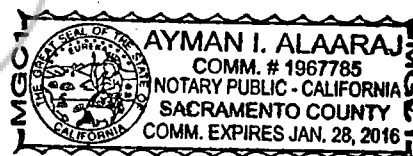
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument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

Quitclaim Deed
(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 _____

Inventory No.: 17-040-27-71

EXHIBIT "A"
(WALLEY'S)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/3978th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at page 3464, as Document No. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel E-1, as set forth in Quitclaim Deed recorded September 17, 1998 in Book 998, Page 3250 as Document No. 449574, Official Records, Douglas County, Nevada.

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998 as Document No. 0449993, and as amended by Document Nos. 0466255, 0485265, 0489959, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT every other year in ODD -numbered years in accordance with said Declaration.

A Portion of APN 1319-15-000-015

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2002 NOV -8 AM 10: 28

LINDA SLATER
RECORDER

\$15 PAID *K2* DEPUTY

0557274

BK 1102 PG 03072

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1319-15-000-015
 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
 i) Other TIME SHARE

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 1000.00
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ 1000.00
 Real Property Transfer Tax Due: \$ 3.90

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # _____
 b. Explain Reason for Exemption: _____

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 Paul Foster Capacity GRANTOR

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Paul Foster
 Address: 4032 Borderlands Dr
 City: RANCHO CORDOVA
 State: CA. Zip: 95742

Print Name: HANS AND ROBERTHA HATCHETT
 Address: 4026 Borderlands Dr.
 City: RANCHO CORDOVA
 State: CALIF. Zip: 95742

COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)