



KAREN ELLISON, RECORDER

A. P. No. 1319-19-212-086

R.P.T.T.

When recorded mail to:

Deborah Pierrel  
P.O. Box 2446  
Mammoth Lakes, CA 93546

Mail tax statements to:

Same as above

**AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)**

Pursuant to NRS 239B.030, the undersigned, hereby affirm(s) that the below document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

DEED

THIS INDENTURE WITNESSETH: That TAHOE VACATION RENTALS, LLC, a limited liability company, in consideration of the sum of Ten Dollars (\$10.00), the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and convey to DEBORAH PIERREL, a married woman, as her sole and separate property, whose address is: P.O. Box 2446, Mammoth Lakes, CA 93546, all that real property situate in the County of Douglas, State of Nevada, described as follows:

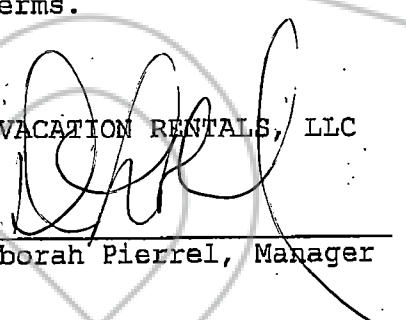
Parcel B as set forth on the Parcel Map for Paulette Brunello of Lot 465 Second Amended Map of Summit Village filed for Record November 3, 1981 in Book 1181 Page 124, Document No. 61702, Official Records of Douglas County, State of Nevada.

TOGETHER WITH all and singular the tenements,  
hereditaments and appurtenances thereunto belonging or in  
anywise appertaining.

SUBJECT, HOWEVER, to an obligation secured by a Deed of  
Trust recorded October 21, 2011, as Document No. 0791274,  
Official Records, Douglas County, Nevada, which the grantees  
agree to pay in accordance with its terms.

DATED November 25, 2014.

TAHOE VACATION RENTALS, LLC

By   
Deborah Pierrel, Manager

STATE OF )  
          ) ss  
COUNTY OF )

This instrument was acknowledged before me on  
                    , 2014, by DEBORAH PIERREL, as Manager of  
TAHOE VACATION RENTALS, LLC

**SEE ATTACHED  
NOTARIAL CERTIFICATE**

Notary Public

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Mono


On November 25, 2014 before me, M. Forbis, Notary public  
(Here insert name and title of the officer)

personally appeared Deborah Pierrel \*\*\*\*\*

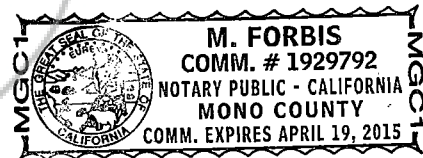
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### 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 \_\_\_\_\_

### 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

# STATE OF NEVADA DECLARATION OF VALUE

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

**1. Assessor Parcel Number (s)**  
 (a) 1319-19-212-080  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

**2. Type of Property:**

a) <input type="checkbox"/> Vacant Land	b) <input type="checkbox"/> Single Fam Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input checked="" type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg.	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> Other	

**3. Total Value/Sales Price of Property:**

Deed in Lieu of Foreclosure Only (value of property) \$ 102,000.

Transfer Tax Value: \$ 397.80

Real Property Transfer Tax Due: \$ \_\_\_\_\_

**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 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 [Signature] Capacity \_\_\_\_\_

Signature [Signature] Capacity Grantee

**SELLER (GRANTOR) INFORMATION**  
 (REQUIRED)

Print Name: Talor Vacation Rentals

Address: PO Box 2444

City: Mossburn Lakes

State: CA Zip: 93544

**BUYER (GRANTEE) INFORMATION**  
 (REQUIRED)

Print Name: Deb Pined

Address: PO Box ~~2444~~ 2536

City: Mossburn Lakes, CA

State: CA Zip: 93544

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_