

WHEN RECORDED MAIL TO:
JEFFREY CLAYPOOL
2402 Leeward Circle
Westlake Village, CA 91361


00010846201508594070040040
KAREN ELLISON, RECORDER E03

MAIL TAX STATEMENTS TO:
JEFFREY CLAYPOOL
2402 Leeward Circle
Westlake Village, CA 91361

GRANT, BARGAIN, SALE DEED

DANIEL CAPALDI, as Trustee of the Schreiner-Capaldi Family Trust, pursuant to the death of Bonnie Schreiner, as evidenced by the attached Death Certificate, and, pursuant to Page 15, Paragraph D of the Schreiner Capaldi Family Trust, which states as follows:

If **BONNIE JEAN SCHREINER** predeceases **DANIEL CAPALDI**, the title to the residence located at 825 Horseman Court, Gardnerville, Nevada 89410, shall be transferred to **JEFFREY CLAYPOOL**. **DANIEL CAPALDI** shall have the right to remain living in the residence located at 825 Horseman Court until his demise. During the period of **DANIEL CAPALDI**'s residence, after the demise of **BONNIE JEAN SCHREINER**, at 825 Horseman Court, all applicable taxes and insurance are to be paid by **JEFFREY CLAYPOOL**. **DANIEL CAPALDI** shall be responsible for the payment of all utilities and maintenance expenses.

does hereby transfer to **JEFFREY CLAYPOOL**, subject to the above limiting language of the Schreiner-Capaldi Trust, all right, title and interest in and to that certain real property located in County of Douglas, State of Nevada, more particularly described as follows:

Being a portion of the Southeast 1/4 of Section 13, Township 12 North, Range 20 East, M.D.B.&M., further described as follows:

Parcel C, as set forth on Parcel Map No. 1007 for **JERRY E. TILLEY**, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 30, 1996, in Book 496, Page 5948, as Document No. 386623.

A.P.N. 1220-13-801-001

More commonly known as: 825 Horseman Court, Gardnerville, Nevada 89410.

TOGETHER WITH all tenements, hereditament and appurtenances, including easements and water rights, if any, thereunto belonging or in anywise appertaining, and any reversion, remainders, rents, issues, or profits thereof.

DATED this 16 day of MARCH, 2015.


Daniel Capaldi Trustee
DANIEL CAPALDI, Trustee of the
SCHEINER-CAPALDI FAMILY TRUST

State of Nevada)
)ss.
County of Douglas)

This instrument was acknowledged before me on the 16 day of March, 2015, by **DANIEL CAPALDI**.

Sue Doering

Notary Public

 **SUE DOERING**
Notary Public, State of Nevada
Appointment No. 02-75323-5
My Appt. Expires August 7, 2016

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

201400069
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Bonnie Jean SCHREINER		2. DATE OF DEATH (Mo/Day/Year) January 06, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Gardnerville Health & Rehabilitation		3e. If Hosp. or Inst. indicate DOA, OP, Emer., Rm. Inpatient (Specify) Nursing Home	
4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 69	
5. RACE White (Specify)		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 25, 1944		9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED] 7876		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Housewife		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 825 Horseman Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT NAME (First Middle Last Suffix) William Hayden CLAYPOOL			17. MOTHER/PARENT NAME (First Middle Last Suffix) Maybelle HORNER		
18a. INFORMANT NAME (Type or Print) Daniel CAPALDI		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 825 Horseman Ct, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Oakwood Memorial Park		19c. LOCATION - City or Town - State Chatsworth California 91311	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395, N Gardnerville, NV, 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG STEVEN RAU MD SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) January 07, 2014		21c. HOUR OF DEATH 06:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Aguirre, Jose		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CRAIG STEVEN RAU, MD, 1600 Medical Parkway, Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Cardiorespiratory Failure				Interval between onset and death Minutes	
(b) DUE TO, OR AS A CONSEQUENCE OF, Metastatic Lung Cancer				Interval between onset and death Months	
(c) DUE TO, OR AS A CONSEQUENCE OF, Cause Otherwise Unknown				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HGM., UNDET., OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

Information Corrected, State Affidavit# 59581, 01/23/2014 - 13

3750882

VRS-Rev-20120523a

514072

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

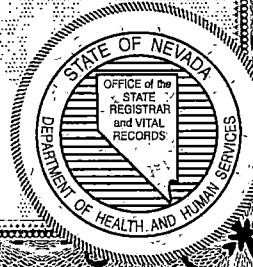
DATE ISSUED:

JAN 27 2014

STATE REGISTRAR

Rud Whelan

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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) 1220-B-801-001

(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

3. Total Value/Sales Price of Property:

\$ _____

Deed in Lieu of Foreclosure Only (value of property) \$ _____

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: #3

b. Explain Reason for Exemption: for ORDER SETTING ASIDE

ORDER FILED CONCURRENTLY

5. Partial Interest: Percentage being transferred: _____ %

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 Agent

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: DANIEL CAPALDI

Address: 825 HORSEMAN CT.

City: GARDNERVILLE

State: NV Zip: 89410

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: JEFF CLAYPOOL

Address: 2402 LEWARD CIRCLE

City: WESTLAKE VILLAGE

State: CA Zip: 91361

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

Print Name: RONALD F. CAULEY, ESQ. Escrow # _____

Address: 1475 MAIN ST.

City: GARDNERVILLE State: NV Zip: 89410

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)