



KAREN ELLISON, RECORDER E05

APN #: 1319-30-724-024 PTN  
Recording Requested by: WAYNE D. ANDERSON  
KAREN L. ANDERSON  
WAYNE D. ANDERSON  
Return Document To: P.O. BOX 399  
MANCHESTER, WA 98353

Mail Tax Statement To: RIDGE TRACE P.O.A  
P.O. BOX 5790  
STATELINE, NV 89449

### Grant Deed

GRANT DEED, made this 29<sup>th</sup> day of July, 2015 by and between

WAYNE D. ANDERSON

("GRANTOR(S)") and

KAREN L. ANDERSON

("GRANTEE(S)"),

THE GRANTOR(S), for and in consideration of

WAYNE D. ANDERSON, KAREN L. ANDERSON, KRISTAL M. KENNEDY-WHEELER  
GORDON S. ANDERSON

the receipt and sufficiency of which is hereby acknowledged and received, does hereby remise, release and grant unto the GRANTEE(S) and his/her heirs and assigns, the following premises located in the County of DOUGLAS

State of Nevada - legally described as follows:

Enter the Full Legal Description, If the Legal Description does not fit in this Space, Enter (See Exhibit A), then Enter the Legal Description in the Exhibit A Page

Also known as street and number:

IN WITNESS WHEREOF, the grantor has executed this deed on the date set forth above.

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

Signature *Wayne D. Anderson*  
Print Name WAYNE D. ANDERSON  
Capacity \_\_\_\_\_

Signature *Karen L. Anderson*  
Print Name KAREN L. ANDERSON  
Capacity \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Capacity \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Capacity \_\_\_\_\_

STATE OF Nevada )

COUNTY OF Douglas )

On 7-29-15, before me Wayne & Karen Anderson, 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.

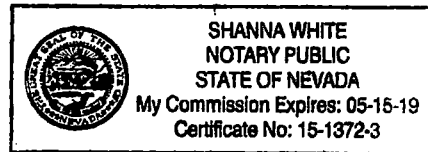
WITNESS my hand and official seal.

Signature *Shanna White*

[NOTARY SEAL]

Print Name Shanna White

My Commission Expires 5-15-2019



Certificate of Appointment Number 15-1372-3 (For Nevada Notaries Only)

GRANT DEED EXHIBIT A

COPY

EXHIBIT "A" (34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/38th interest in and to Lot 34 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 023 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe recorded February 21, 1984 as Document No. 097150 and as amended by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-261-23

REQUESTED BY  
STEWART TITLE OF DOUGLAS COUNTY  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

'94 MAY -3 A9:37

336630

BK 0594 PG 0307

STEWART TITLE OF DOUGLAS COUNTY  
REC'D  
s. *8* *K* DEPUTY

STATE OF NEVADA  
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)  
a) 1319-30-724-024 PTN  
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 TIME SHARE

FOR RECORDER'S OPTIONAL USE ONLY  
Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Date of Recording: \_\_\_\_\_  
Notes: \_\_\_\_\_

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 5  
b. Explain Reason for Exemption: Adding Children

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 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 Wayne J. Anderson Capacity GRANTOR  
Signature Kevin J. Anderson Capacity GRANTOR

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
Print Name: Wayne Anderson  
Address: PO Box 399  
City: Manchester  
State: WA Zip: 98353

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: same  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_