

DOUGLAS COUNTY, NV

RPTT:\$5.85 Rec:\$17.00

\$22.85 Pgs=4

2015-868474

08/21/2015 10:55 AM

VIN

KAREN ELLISON, RECORDER

APN: 1319-30-631-014 PTV

Recording requested by:
JoANN MARIE JOHNSON
and when recorded mail to:
Timeshare Closing Services, Inc.
8545 Commodity Circle
Orlando, FL 32819
www.timeshareclosingservices.com
Escrow # 67121614053A

Mail Tax Statements To: ZIMMERMAN FAMILY VACATIONS, LLC, 123 West 1st Street,
Suite 675, Casper, Wyoming 82601

Consideration: \$1050.00

Grant, Bargain, Sale Deed

THIS INDENTURE WITNESSETH: That for a valuable consideration, receipt of which is hereby acknowledged, JoANN MARIE JOHNSON a/k/a JOANN MARIE JOHNSON, an Unmarried Woman, surviving tenant of George R. Letterman, deceased on 02/01/2009 and Gertrude F. Letterman, deceased on 09/23/2013, whose address is 533 Galen Drive, San Jose, California 95123, "Grantor"

Does hereby GRANT, BARGAIN, SELL AND CONVEY to: ZIMMERMAN FAMILY VACATIONS, LLC, a Wyoming Limited Liability Company, whose address is 123 West 1st Street, Suite 675, Casper, Wyoming 82601, "Grantee"

The following real property located in the State of Nevada, County of Douglas, known as Ridgecrest Resort, which is more particularly described in Exhibit "A" attached hereto and by this reference made a part hereof.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said Grantee and Grantee's assignees forever.

#49-108-22-72

Document Date: 1/29/15

IN WITNESS WHEREOF, the Grantor has executed this conveyance the day and year first below written.

DATHAO TRAN *Dathao Tran*
Witness #1 Sign & Print Name:

Jo Ann Marie Johnson *Jo Ann Marie Johnson*
JoANN MARIE JOHNSON
a/k/a JOANN MARIE JOHNSON

Stephany Leon *Stephany Leon*
Witness #2 Sign & Print Name:

STATE OF _____) SS
COUNTY OF _____)

See attached

On _____, before me, the undersigned notary, personally appeared JoANN MARIE JOHNSON a/k/a JOANN MARIE JOHNSON, an Unmarried Woman, surviving tenant of George R. Letterman, deceased on _____ and Gertrude F. Letterman, 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: _____

My Commission Expires:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Santa Clara)

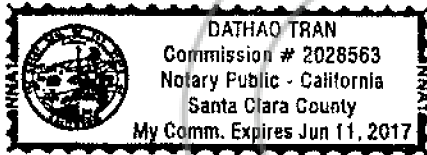
On 01/29/2015 before me, DATHAO TRAN, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared JOANN MARIE JOHNSON
Name(s) of Signer(s)

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 Dathao Tran
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Grant, Bargain Sale Deed Document Date: 01/29/2015
Number of Pages: 2 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: same
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Exhibit "A"

File number: 67121614053A

Ridge Crest Legal

An Alternate Timeshare estate comprised of:

Parcel 1: An undivided 1/102nd interest in and to that certain condominium estate described as follows:

(a) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said in Common Area is set forth on that certain condominium map recorded August 4, 1988 in Book 888 of Official Records at page 771, Douglas County, Nevada, as Document No. 183624

(b) Unit No. 108 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

Parcel 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

Parcel 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2, above during one "ALTERNATEUSE WEEK" within the Odd numbered years as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the CC&R's). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "alternate use week" as more fully set forth in the CC&R's.

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a. 1319-30-631-014
- b. _____
- c. _____
- d. _____

2. Type of Property:

- | | | | | |
|-------------------------------------|-----------------|-----------------------------|------------------|----------------------------------|
| a. <input type="checkbox"/> | Vacant Land | b. <input type="checkbox"/> | Single Fam. Res. | FOR RECORDER'S OPTIONAL USE ONLY |
| c. <input type="checkbox"/> | Condo/Twnhse | d. <input type="checkbox"/> | 2-4 Plex | Book: _____ Page: _____ |
| e. <input type="checkbox"/> | Apt. Bldg | f. <input type="checkbox"/> | Comm'l/Ind'l | Date of Recording: _____ |
| g. <input type="checkbox"/> | Agricultural | h. <input type="checkbox"/> | Mobile Home | Notes: _____ |
| <input checked="" type="checkbox"/> | Other Timeshare | | | |

3. a. Total Value/Sales Price of Property \$ 1,050.00
- b. Deed in Lieu of Foreclosure Only (value of property) (0.00)
- c. Transfer Tax Value: \$ 1,050.00
- d. Real Property Transfer Tax Due \$ 5.85

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section _____
- b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100.00 %

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 *C. Muniz* Crystal Muniz Capacity Agent

Signature *C. Muniz* Crystal Muniz Capacity Agent

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: JoAnn Marie Johnson

Address: 533 Galen Drive

City: San Jose

State: CA Zip: 95123

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Zimmerman Family Vacations, LLC.

Address: 123 West 1st Street, Suite 675

City: Casper

State: WY Zip: 82601

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

Print Name: VI Network Escrow #: 67121614053

Address: 8545 Commodity Circle

City: Orlando State: FL Zip: 32819

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED