APN#: 1023-00-001-020

RPTT: \$709.80

Recording Requested By:
Western Title Company

Escrow No.: 074985-ARJ
When Recorded Mail To:
Charles E.G. de St Maurice and
Lillian Michelle de St Maurice
1305 Truckee Lane
Fernley NV 89408

Mail Tax Statements to: (deeds only) Same as Above DOUGLAS COUNTY, NV RPTT:\$709.80 Rec:\$19.00 **2015-872684** 11/13/2015 02:56 PM

ETRCO, LLC

\$728.80

KAREN ELLISON, RECORDER

Pgs=6

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature Print name Title

M Kelsh

Escrow Officer

Grant, Bargain, and Sale Deed

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

ROBERT JAMES and GAY JAMES, trustees of the JAMES FAMILY TRUST dated January 10, 2006 do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Charles E.G. de St Maurice and Lillian Michelle de St Maurice, husband and wife as joint tenants

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Gardnerville, County of Douglas State of Nevada bounded and described as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located within a portion of the North one-half of Section 16, Township 10 North, Range 23 East MDM, Douglas County, Nevada, being more particularly described as follows:

Parcel 3 as shown on Land Division Map recorded in the office of the Douglas County Recorder, State of Nevada, on June 18, 2004 in Book 0604, Page 9079, as File No. 616422, Official Records, Douglas County, Nevada.

SEE EXHIBIT "A" FOR DEED RESTRICTIONS

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 11/04/2015

Grant, Bargain and Sale Deed - Page 2

ROBERT JAMES and GAY JAMES, trustees of the JAMES FAMILY TRUST dated January 10, 2006
By: Robert James, Trustee
Cay James, Trustee
STATE OF
STATE OF
By ROBERT JAMES and GAY JAMES, trustees of the JAMES FAMILY TRUST.
See attached acknowlegment
Notary Public

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Suff

2015 Version www.NotaryClasses.com 800-873-9865

On November 05, 2015 before me,	Micholo K William Motary Turlic, (Here insert name and title of the officer)
who proved to me on the basis of satisfa name(s) is/are subscribed to the within in he/she/they executed the same in his/he	r/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corr WITNESS my hand and official seal.	under the laws of the State of California that ect. NICHOLE R. UECKER NOTARY PUBLIC - CALIFORNIA COMMISSION # 2118502 EBUTTE COUNTY
Notary Public Signature (No	tary Public Seal) INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknolwedgents frot other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document) (Title or description of attached document continued) Number of Pages Document Date	 State and County information must be the State and County where the documer 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
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s)	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 the 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 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 the acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.
Other 800 873 9865	 Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document with a staple.

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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

2015 Version www.NotaryClasses.com 800-873-9865

County of Switte	}
On November 05, 2015 before me, 1	Viendo R. Wicker, Notary Pablic, (Here insert name and title of the officer)
who proved to me on the basis of satisfa name(s) is/are subscribed to the within ir he/she/they executed the same in his/he his/her/their signature(s) on the instrume which the person(s) acted, executed the	ctory evidence to be the person(s) whose instrument and acknowledged to me that r/their authorized capacity(ies), and that by int the person(s), or the entity upon behalf of instrument.
the foregoing paragraph is true and corre	NICHOLE B. UECKER
WITNESS my hand and official seal.	NOTARY PUBLIC - CALIFORNIA COMMISSION # 2118502 E BUTTE COUNTY My Comm. Exp. July 5, 2019
Notary Public Signature (Not	ary Public Seal}
ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document) (Title or description of attached document continued) Number of Pages Document Date CAPACITY CLAIMED BY THE SIGNER	 State and County information must be the State and County where the documen 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 he 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 o 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
Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	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 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 the 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 corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

DEED RESTRICTIONS EXHIBIT "A"

Mo manufactured or modular home or manufactured or modular outbuildings are allowed on the parcel.

All exterior lighting must be shielded so that it does not shine upward or onto the neighboring properties.

Assessor's Parcel Number(s): 1023-00-091-020





STATE OF NEVADA DECLARATION OF VALUE

1.	Assessors Parcel Number(s) a) 1023-00-001-020 b) c) d)						
2.	Type of Property:		FOR RECO	ORDERS OF	TIONAL	USE ONL	Y
	a) Vacant Land	b) ☐ Single Fam. Res.		T/INSTRUMEN		1 1	
	c) Condo/Twnhse	d) □ 2-4 Plex	воок	PA	GE		
	e) ☐ Apt. Bldg	f) Comm'l/Ind'l	DATE OF RE				
	g) Agricultural	h) 🗆 Mobile Home	NOTES:				
	i) 🗆 Other	_					<u> </u>
	Total Value/Sales Price of P Deed in Lieu of Foreclosure Transfer Tax Value: Real Property Transfer Tax	Only (value of property)	\$182,000.0 (\$182,000.0 \$709.80				
4.	If Exemption Claimed: a. Transfer Tax Exem b. Explain Reason for	nption per NRS 375.090, r Exemption:	Section		/		
5.	Partial Interest: Percentage b	peing transferred: %					
	The undersigned declares an 375.110, that the information supported by documentation parties agree that disallowan result in a penalty of 10% of	n provided is correct to the if called upon to substance of any claimed exemp	tie best of their tiate the infor tion, or other	r information mation provio determination	and belief ded herein	, and can be . Furthermo	re, the
Purs	suant to NRS 375.030, the H	Buyer, and Seller shall be	jointly and	severally liab	ole for any	additional	l amount
owe	d. ////	lok	, , ,	-2			
	ature///	(81)	_Capacity	<u> </u>	W/J		
Sign	ature		_Capacity				
/	SELLER (GRANTOR) INF	ODMATION	DITVED (CD ANTEEN I	NIEODN <i>i l</i>	TION	
	(REQUIRED)	Oldviation	BUYER (GRANTEE) INFORMATION (REQUIRED)				
Prin	,	and GAY JAMES,	Print Name:	Charles E.G	. de St Ma	urice and Lil	llian
Nam	e: trustees of the JAM	ES FAMILY TRUST		Michelle de	St Mauric	e	
\	dated 1-10-2006			<u></u>			
76.	ress: 4990 Rich Bar Roa		Address:	1305 Trucke	e Lane		
City			City:	Fernley			
State	e: <u>CA</u> 7	Zip: 95928	State:	NV	Zip:	89408	
ርርኒ	MPANY/PERSON REQUES	TING RECORDING					
	(required if not the seller or buye						
Print	Name: eTRCo, LLC. On beh		any I	Esc. #: <u>074985</u>	-ARJ		

Douglas Office Address:

1513 Highway 395, Suite 101 City/State/Zip: Gardnerville, NV 89410