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APN# 1121-00-002-005



Recording Requested by/Mail to:

Name: JIM T. ZAFERIOU
Address: P.O. Box 2413
City/State/Zip: GV. NV. 89410

KAREN ELLISON, RECORDER E05

Mail Tax Statements to:

Name: _____
Address: _____
City/State/Zip: _____

GRANT DEED

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

GRANT DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I(We), the Grantor(s), Janell T. Kuta

grant to the Grantee(s) Jim T. Zaferiou

all that real property situated in the City of _____ (or in an unincorporated area of)

County of Douglas, State of Nevada, described as

follows (Set forth legal description and commonly known street address if known):

south west quarter of the south east quarter of section eighteen (18) and west half of the north east quarter of section nineteen (19) in township eleven (11) north, range twenty one (21) east.

"Per NRS 111.312, this legal description was previously recorded at Document No. (0410863), Book No. (0497), Page # (2893), on (date of recording)."

ASSESSORS PARCEL NO. 1121-00-002-005

Together with all and singular the tenements, hereditaments, and appurtenances thereto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

In Witness Whereof, I(WE) have hereunto set my hand/our hands this 18 day of January, 19 2016

Janell T. Kuta
Signature of Grantor

Janell T. Kuta
Print or type name here

Signature of Grantor

Print or type name here

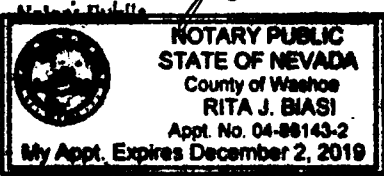
STATE OF NEVADA }
COUNTY OF Douglas }

On this 18 day of January, 19 2016
personally appeared before me, a Notary Public

Janell T. Kuta

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that s/he executed the instrument.

Witness my hand and official seal
Rita J. Biasi
Notary Public



{Notary Stamp}

RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

14 + 5

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) 1121-00-002-005
- (b) _____
- (c) _____
- (d) _____

- 2. Type of Property:**
- | | |
|--|---|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Fam Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input 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) \$ _____

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: TRANSFERRING TO HUSBAND

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: GRANTOR

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: X JANELL T. KUTA

Address: 1385 VILLAGE WY #9

City: GARDNERVILLE

State: NV Zip: 89410

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: X JIM T. ZAFERIOU

Address: PO BOX 2413

City: GARDNERVILLE

State: NV Zip: 89410

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

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____