

APN #: A PORTION OF 1319-30-721-004

Recording Requested by:

THE FURNACE ROOM INC- A CALIFORNIA CORP
2951 RESEARCH PARK DR.
SOQUEL, CA. 95073

Return Document To:

HARLEY W. EMORY
6191 ASTER LN.
APTOS, CA. 95003

Mail Tax Statement To:

HARLEY W. EMORY
6191 ASTER LN.
APTOS, CA. 95003



KAREN ELLISON, RECORDER

Grant Deed

GRANT DEED, made this 1ST day of FEBRUARY 2016 by and between

THE FURNACE ROOM INC. A CALIFORNIA CORPORATION
2951 RESEARCH PARK DR.
SOQUEL, CA. 95073

("GRANTOR(S)") and

HARLEY W. EMORY AND SHARON KAY EMORY
HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP
WHOSE ADDRESS IS: 6191 ASTER LN.
APTOS, CA. 95003

("GRANTEE(S)"),

THE GRANTOR(S), for and in consideration of \$1.00 AND OTHER VALUABLE CONSIDERATION

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:

SEE EXHIBIT "A" ATTACHED HERETO AND
INCORPORATED HEREIN BY THIS REFERENCE

Also known as street and number:
400 RIDGE CLUB DR.
STATELINE, NV 89449

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 THE FURNACE ROOM INC.
Print Name _____
Capacity GRANTOR

Signature [Signature]
Print Name SHAWKA K. BURDETTE
Capacity Sec 1 Treasurer

Signature [Signature]
Print Name HARLEY W. EMOY
Capacity GRANTEE

Signature _____
Print Name SHARON KAY EMOY
Capacity GRANTEE

STATE OF NEVADA)

COUNTY OF DOUGLAS)

On _____, before me _____, 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 _____

[NOTARY SEAL]

Print Name _____

PLEASE SEE ATTACHED DOCUMENT

My Commission Expires _____

NOTARY PUBLIC, [Signature]

Certificate of Appointment Number _____ (For Nevada Notaries Only)

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 CRUZ)

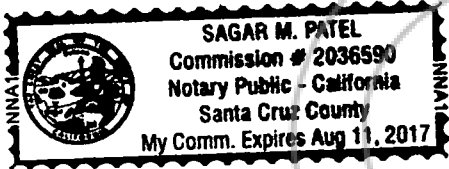
On 3/16/16 before me, SAGAR M PATEL, NOTARY PUBLIC,
Date Here Insert Name and Title of the Officer

personally appeared HARLEY W EMORY AND SHALISA K BURDETTE
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 [Signature]
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: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- 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"

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 084 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-004

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
a. 1319-30-721-00A
b. ~~1319-30-721-000~~
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 TIMESHARES

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes:

3. a. Total Value/Sales Price of Property \$ 500.00 ~~each~~
b. Deed in Lieu of Foreclosure Only (value of property) (_____)
c. Transfer Tax Vaule \$ 1.95 ~~each~~
d. Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

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

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 the 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: Stanley W. Emory

Capacity: GRANTEE

Signature: Sharon Kay Emory

Capacity: GRANTEE

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: THE FURNACE ROOM INC CA CORP
Address: 2951 RESEARCH PK. DR.
City: SOQUEL
State: CA Zip: 95073

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: HARLEY W. EMORY & SHARON KAY EMORY
Address: 6191 ASTER LN. HUSBAND &
City: APTOS WIFE AS
State: CA Zip: 95003 JOINT
TENANTS

COMPANY REQUESTING RECORDING

N/A

Print Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Escrow #: _____