

APN# : 1420-08-210-005  
RPTT: \$0.00



Recording Requested By:

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KAREN ELLISON, RECORDER

E07

When Recorded Mail To:  
Kenneth F. Kavanaugh and Sharon  
M. O'Toole-Kavanaugh  
P.O. Box 312  
Pollock Pines, CA 95726

Mail Tax Statements to: (deeds only)  
Same as Above

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   
Sharon M. O'Toole Kavanaugh      Owner

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**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,

Kenneth F. Kavanaugh and Sharon M. O'Toole-Kavanaugh, husband and wife as joint tenants

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Kenneth Fredrick Kavanaugh and Sharon Maureen O'Toole-Kavanaugh, Trustees of The Kavanaugh Family Trust of 2014

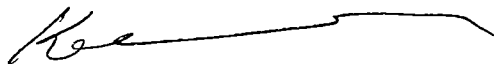
and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Carson City, County of Douglas State of Nevada bounded and described as follows:

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

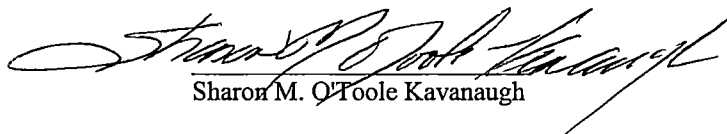
Lot 28 in Block A, as set forth on the final map of SUNRIDGE HEIGHTS, PHASE 3, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas, State of Nevada on June 1, 1994, in Book 694, Page 1, as Document No. 338607, Official Records.

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

Dated: 04/22/2016



Kenneth F. Kavanaugh



Sharon M. O'Toole Kavanaugh

STATE OF Nevada

COUNTY OF Carson City

} ss

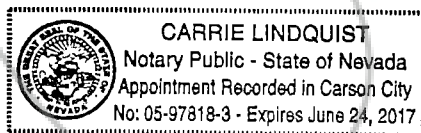
This instrument was acknowledged before me on

April 20, 2010

By Kenneth F. Kavanaugh and Sharon M. O'Toole  
Kavanaugh



Notary Public



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1420-08-210-005  
 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  
 i)  Other \_\_\_\_\_

**FOR RECORDERS OPTIONAL USE ONLY**  
 BOOK \_\_\_\_\_ PAGE 899771  
 DATE OF RECORDING: \_\_\_\_\_  
 NOTES: Verified Trust - J

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 # 7  
 b. Explain Reason for Exemption: transfer to trust without consideration

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 [Handwritten Signature] Capacity Grantor  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Kenneth & Sharon Kavanagh  
 Address: PO Box 312  
 City: Poloack Pines  
 State: CA Zip: 95726

Print Name: The Kavanagh Family Trust  
 Address: PO Box 312  
 City: Poloack Pines  
 State: CA Zip: 95726

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)