DOUGLAS COUNTY, NV

RPTT:\$1.95 Rec:\$17.00

2016-891509

\$18.95 Rec:\$17.00

12/02/2016 10:13 AM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A portion of APN: 1319-30-724-011

RPTT \$ 1.95 / #34-010-26-02 / 20160901

### GRANT, BARGAIN, SALE DEED

THIS INDENTURE, made May 8, 2016 between STEVEN C. FONG and JANICE C FONG, Co-Trustees of the Fong Family Trust dated March 12, 1987 Grantor, and Resorts West Vacation Club, a Nevada nonprofit corporation Grantee;

#### WITNESSETH:

That Grantor, in consideration for the sum of \$10.00, lawful money of the United States of America and other good and valuable consideration, paid to Grantor by Grantee, the receipt whereof is hereby acknowledged, does by these presents, grant bargain and sell unto the Grantee and Grantee's heirs and assigns, all that certain property located and situated in Douglas County, State of Nevada, more particularly described on (Exhibit "A") the Proper legal description will be attached by the escrow company, Stewart Vacation Ownership Title Agency, Inc. and incorporated herein by this reference;

TOGETHER with the tenements, hereditament and appurtenances there unto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof;

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

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

STATE (	OF )	Grantor:
COUNT	) SS	STEVEN C FONG, Co-Trustee
		JANIGE C FONG, Co-Trustee
This inst	rument was acknowledged before me on	by STEVEN C FONG and JANICE C FONG
<del></del>	Notary Public	

WHEN RECORDED MAIL TO Resorts West Vacation Club P.O. Box 5790 Stateline, NV 89449

MAIL TAX STATEMENTS TO:
Ridge Tahoe Property Owner's Association
P.O. Box 5790
Stateline, NV 89449

## CALIFORNIA 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 Alamena	}			
On 9-19-2016	before me, ARRON	W STANLEY (Here insert name and title of	NOTALY PUBLIC	
personally appeared	casis of satisfactory e to the within instrume same in his/her/their a on the instrument the j	vidence to be the peent and acknowledge authorized capacity(iperson(s), or the enti	rson(s) whose ed to me that es), and that by	\
I certify under PENALTY ( the foregoing paragraph is		the laws of the State	of California that	
WITNESS my hand and o	official seal.	NCC1	ARRON W. STANL Commission No. 21560 NOTARY PUBLIC-CALIFORI ALAMEDA COUNTY My Comm. Expires JULY 4, 2020	161 NIA
Notary Public Signature	(Notary Public		OMPLETING THIS FORM	
ADDITIONAL OPTIONAL DESCRIPTION OF THE ATTACHED DO (Title or description of attached document)	OCUMENT if needs from ot as the v law.  • State	rm complies with current Californed, should be completed and attacher states may be completed for a wording does not require the Californation must be	on the Find Time Policy wording an ina statutes regarding notary wording an hed to the document. Acknowledgments focuments being sent to that state so long fornia notary to violate California notary the State and County where the docume notary public for acknowledgment.	g y
(Title or description of attached document continu	e Date must The r	of notarization must be the date the also be the same date the acknowled notary public must print his or inssion followed by a comma and	nat the signer(s) personally appeared whedgment is completed.  her name as it appears within his or leading to the complete or	her
CAPACITY CLAIMED BY THE Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	notari E SIGNER  Indicate he/sh inform The r Impressuffic Signa	ization.  ate the correct singular or plural e/they, is /are) or circling the cor nation may lead to rejection of do notary seal impression must be ession must not cover text or line cient area permits, otherwise comp ture of the notary public must me ture of the notary public must me turn derk.  Additional information is no acknowledgment is not misuse Indicate title or type of attache Indicate the capacity claimed	forms by crossing off incorrect forms (rect forms. Failure to correctly indicate to current recording.  clear and photographically reproducibles. If seal impression smudges, re-seal idete a different acknowledgment form. atch the signature on file with the office to required but could help to ensure the dor attached to a different document. It document, number of pages and date, by the signer. If the claimed capacity is	i.e. this ole. if a of this
2015 Version www NotaryClasses.com 80	0-873-9865 • Secu	corporate officer, indicate the t rely attach this document to the sign	itle (i.e. CEO, CFO, Secretary). gned document with a staple.	

2015 Version www NotaryClasses.com 800-873-9865

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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State of California

2015 Version www NotaryClasses.com 800-873-9865

County of Alamena	}
On <u>9-19-2016</u> before me, _	ARRONI W STMILEY NOTING PUBI, C
personally appeared Janice C who proved to me on the basis of satisfa name(s) is/are subscribed to the within he/she/they executed the same in his/he	Fox 9, actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
	under the laws of the State of California that
the foregoing paragraph is true and cor	rect.
WITNESS my hand and official seal.	ARRON W. STANLEY  Commission No. 2156061 & NOTARY PUBLIC-CALIFORNIA & ALAMEDA COUNTY My Comm. Expires JULY 4, 2020
Notary Public Signature	otary Public Seal)
<b>*</b>	<del></del>
ADDITIONAL OPTIONAL INFORMATION	11.2 Join Compiled him our our outstand regarding holding and,
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments 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)	• State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued)	Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date	<ul> <li>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).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer	<ul> <li>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 information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>
(Title)	sufficient area permits, otherwise complete a different acknowledgment form.  • Signature of the notary public must match the signature on file with the office of
☐ Partner(s) ☐ Attorney-in-Fact	the county clerk.
	Additional information is not required but could help to ensure thisacknowledgment is not misused or attached to a different document
Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>

· Securely attach this document to the signed document with a staple.

## **EXHIBIT "A"**

(34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38<sup>th</sup> interest in and to Lot 34 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 010 as shown and defined on said Condominium Plan; 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 recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-011

State of Nevada Declaration of Value	FOR RECORDERS OPTIONAL USE ONLY
1. Assessor Parcel Number(s)	Document/Instrument #:
a) A ptn of $1319 - 30 - 724 - 011$	Book:Page:
b) c) d)	Document/Instrument #: Page:  Date of Recording: Notes:
d)	Notes:
Z. Type of Property     A) □ Vacant Land	
3. Total Value / Sales Price of Property:	\$ 500.00
Deed in Lieu of Foreclosure Only (value of property)	\$
Transfer Tax Value:	\$ 500,00
Real Property Transfer Tax Due:	\$ <u>1.95</u>
4. If Exemption Claimed: a. Transfer Tax Exemption, per NRS 375.090, Section: b. Explain Reason for Exemption:	
5. Partial Interest: Percentage being transferred: <u>N/A</u>	%
The undersigned declares and acknowledges, under penalty 375.110, that the information provided is correct to the best obe documentation if called upon to substantiate the information of any claimed exemption, or other determination of additionadue plus interest at 1 ½% per month.	of their information and belief, and can be supported on provided herein. Furthermore, the disallowance all tax due, may result in a penalty of 10% of the tax
Pursuant to NRS 375.030, the Buyer and Seller shall be jo	pintly and severally liable for any additional amount owedCapacitySeller
Signature Signature	Capacity College
SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: JAKICE & STEUEN FONG	Print Name: Resorts West Vacation Club
Address: 1613 EDGEHILL CT	Address: P.O. Box 5790
City SM State: CA Zip: 94577	City: Stateline State: NV Zip: 89449
(REQUIRED IF NOT	EQUESTING RECORDING THE SELLER OR BUYER)
Print Name: Stewart Vacation Ownership Title Agency, Inc.	Escrow #: 20160901
Address: 3476 Executive Pointe Way #16  City: Carson City State: NV	Zip: 89706
out. 117	

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)