



KAREN ELLISON, RECORDER

RECORDING REQUESTED BY  
MAIL TAX STATEMENT TO:  
Brougham REO Owner, L.P.  
13266 Byrd St. #447, ODESSA, FL 33556

Return to:  
Document Recording Services  
P.O. Box 3008  
Tallahassee, FL 32315-3008

2040001963

SPACE ABOVE THIS LINE FOR RECORDER'S USE

The Undersigned Hereby Affirms That There Is No Social Security Number Contained In This Document.

APN: 1320-30-211-060 **FILE** 2<sup>nd</sup> **GRANT DEED** REF129809957A

The undersigned grantor(s) declare(s):  
Documentary transfer tax is \$1039.35

- Computed on full value of property conveyed, or
  - Computed on full value less value of liens and encumbrances remaining at time of sale.
- Unincorporated area City of MINDEN, County of DOUGLAS

Tax Parcel No. 1320-30-211-060

**WILMINGTON SAVINGS FUND SOCIETY, FSB, D/B/A CHRISTIANA TRUST, NOT IN ITS INDIVIDUAL CAPACITY BUT SOLELY AS TRUSTEE FOR BROUGHAM FUND I TRUST FOR A VALUABLE CONSIDERATION, DO/DOES HEREBY GRANT TO BROUGHAM REO OWNER, L.P. THE REAL PROPERTY IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS:**

**LOT 5, BLOCK 1, AS SHOWN ON THE OFFICIAL MAP OF WESTWOOD VILLAGE UNIT NO. 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER ON OCTOBER 5, 1979, IN BOOK 1079, PAGE 440, DOCUMENT NO. 37417, AND A CERTIFICATE OF AMENDMENT RECORDED JULY 14, 1980, IN BOOK 780, PAGE 783 AND FURTHER A CERTIFICATE OF AMENDMENT RECORDED JANUARY 31, 1991, IN BOOK 191, PAGE 3820, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.**

**846 CEDARWOOD COURT, MINDEN, NV 89423**

Grantee's Address: 13266 Byrd St. #447, Odessa, FL 33556

2082

Tax Parcel No. 1320-30-211-060

DATED: April 7, 2017

WILMINGTON SAVINGS FUND SOCIETY, FSB,  
D/B/A CHRISTIANA TRUST, NOT  
IN ITS INDIVIDUAL CAPACITY BUT SOLELY AS  
TRUSTEE FOR BROUGHAM FUND I TRUST.

Signature: \_\_\_\_\_

Name/title: Jamie Rand as Attorney in Fact

State of FLORIDA )  
County of HILLSBOROUGH )

On 4/07/, 2017, before me, JESSICA REYES, a Notary Public, personally appeared Jamie Rand, 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 Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal (Seal)

Signature \_\_\_\_\_

Jessica Reyes  
JESSICA REYES



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1320-30-211-060  
 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 _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$266,474.00  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 Transfer Tax Value: \$266,474.00  
 Real Property Transfer Tax Due: \$1,039.35

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: 100.0 %

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 \_\_\_\_\_ Capacity ATTORNEY IN FACT

Signature \_\_\_\_\_ Capacity AUTHORIZED AGENT

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: Jamie Rand  
 Address: 13266 Byrd St. #447  
 City: Odessa  
 State: FL Zip: 33556

Print Name: Jamie Rand  
 Address: 13266 Byrd St. #447  
 City: Odessa  
 State: FL Zip: 33556

**COMPANY/PERSON REQUESTING RECORDING**

(required if not the seller or buyer)

Print Name: Jessica Reyes Escrow # \_\_\_\_\_  
 Address: 13266 Byrd St. #447  
 City: Odessa State: FL Zip: 33556

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