DOUGLAS COUNTY, NV

RPTT:\$635.70 Rec:\$16.00

2017-899597

\$651.70 Pgs=3

**ETRCO** 

06/06/2017 03:06 PM

APN#: 1420-07-818-004

RPTT: \$635.70

KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company
Escrow No.: 089080-ARJ

When Recorded Mail To: Kristi Ann Walker O'Brien P.O. Box 6367 Gardnerville, NV 89460

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

Anu Jansse

**Escrow Officer** 

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,

Rosehill, LLC, a Nevada Limited Liability Company

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

Kristi Ann Walker O'Brien, Trustee of The Kristi Ann Walker Living Trust dated October 22, 2008

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 4, in Block C, as shown on the map of IMPALA MOBILE HOME ESTATES UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada on April 7, 1982, in Book 482, Page 366, as Document No. 66654.

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

Dated: 06/05/2017

## Grant, Bargain and Sale Deed - Page 2

Rosehill, LLC

By Brett Nelson, Manager

STATE OF NRUDO

COUNTY OF Was acknowledged before me on

By Brett Nelson.

Notary Public

 $\}_{ss}$ 

DIANE J. ALLEN
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-38196-2 - Expires August 8, 2019

## STATE OF NEVADA DECLARATION OF VALUE

| 1.    | Assessors Parcel Number(s a) 1420-07-818-004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>)</b>                                                                             |                                                        |                                                      |                       |                                                    |        |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|-----------------------|----------------------------------------------------|--------|
| 2.    | Type of Property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | FOR REC                                                | ORDERS OPT                                           | IONAL                 | USE ONLY                                           |        |
|       | a) D Vacant Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b)   Single Fam. Res.                                                                |                                                        | T/INSTRUMENT                                         |                       | \ \ \                                              |        |
|       | c)  Condo/Twnhse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d) □ 2-4 Plex                                                                        | воок                                                   | PAG                                                  |                       |                                                    |        |
|       | e)  Apt. Bldg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | f) Comm'l/Ind'l                                                                      |                                                        | ECORDING:                                            | <b>_</b>              | <del>-     -   -     -                      </del> |        |
|       | g)  Agricultural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | h)  Mobile Home                                                                      | NOTES:                                                 | 7                                                    |                       |                                                    | •      |
|       | i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                        |                                                      |                       |                                                    |        |
| 3.    | Total Value/Sales Price o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>                                                                             | \$163,000                                              | .00                                                  |                       | _ /                                                |        |
|       | Deed in Lieu of Foreclos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ure Only (value of                                                                   |                                                        | _ \                                                  |                       |                                                    | ١.     |
| prope | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | 01/63 000                                              | ^^                                                   |                       |                                                    | - 1    |
|       | Transfer Tax Value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | /                                                                                    | \$163,000                                              | .00                                                  |                       |                                                    |        |
|       | Real Property Transfer To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ax Due:                                                                              | \$635.70                                               |                                                      |                       | · · · · · ·                                        | $\sim$ |
| 4     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                        | ///                                                  |                       |                                                    |        |
| 4.    | If Exemption Claimed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | g view                                                 | / /                                                  |                       |                                                    |        |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nption per NRS 375.090,                                                              | section                                                |                                                      |                       |                                                    |        |
|       | b. Explain Reason for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r Exempuon.                                                                          |                                                        |                                                      |                       |                                                    |        |
| 5.    | Partial Interest: Percentage being transferred: 100 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                        |                                                      |                       |                                                    |        |
| ٥.    | Tartar merest. Tercentage being transferred. 100 /0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                        |                                                      |                       |                                                    |        |
|       | The undersigned declares at 375.110, that the information supported by documentation parties agree that disallows result in a penalty of 10% of the support of 10% o | on provided is correct to t<br>n if called upon to substa<br>nce of any claimed exem | he best of thei<br>ntiate the infor<br>ption, or other | r information as<br>mation provided<br>determination | nd belief<br>d herein | , and can be . Furthermore, the                    |        |
| Pur   | suant to NRS 375.030, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Buyer and Seller shall b                                                             | e jointly and                                          | severally liabl                                      | e for any             | y additional amo                                   | unt    |
| owe   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | ///                                                    | <u> </u>                                             |                       | -00                                                |        |
|       | lature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | at s                                                                                 | _Capacity                                              | <u> </u>                                             | Du)                   | 20stACCC                                           | _      |
| Sign  | ature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | _Capacity                                              |                                                      |                       |                                                    |        |
| /     | SELLER (GRANTOR) INI<br>(REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORMATION                                                                             | BUYER (C                                               | GRANTEE) INI<br>ED)                                  | FORMA                 | TION                                               |        |
| Prin  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tevada Limited Liability                                                             |                                                        |                                                      | alker O'E             | Brien, Trustee of                                  |        |
| Nan   | ie: Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                        |                                                      | n Walke:              | r Living Trust,                                    |        |
| Add   | Address: 6770 S. McCarran Blvd., Suite 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | Address:                                               | P.O. Box 636                                         | 7                     |                                                    | _      |
| City  | Reno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | /- /                                                                                 | City:                                                  | Gardnerville                                         |                       |                                                    | _      |
| Stat  | e: NV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Zip:</b> 89509                                                                    | State:                                                 | NV                                                   | Zip:                  | 89460                                              | _      |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                        |                                                      |                       |                                                    |        |
| CON   | MPANY/PERSON REQUES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                        |                                                      |                       |                                                    |        |
|       | (required if not the seller or buy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                    |                                                        |                                                      |                       |                                                    |        |
|       | Name: eTRCo, LLC. On bel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nalf of Western Title Comp                                                           | <u>pany</u> E                                          | sc. #: <u>089080-A</u>                               | <u>RJ</u>             |                                                    |        |
| Add   | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G. 100                                                                               |                                                        |                                                      |                       |                                                    |        |
|       | · 1362 Highway 395,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ste. 109                                                                             |                                                        |                                                      |                       |                                                    |        |

City/State/Zip: Gardnerville, NV 89410
(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)