

ASSESSORS PARCEL NO. 1318-09-810-105

This document prepared by (and after recording )  
return to: )  
Name: Don )  
Swickard )

Firm/Company:  
Address:55873  
Congressional  
wy  
:La Quinta Ca  
92253 )  
Phone:760-625-  
6963



KAREN ELLISON, RECORDER E07

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**GRANT, BARGAIN, SALE DEED**

**KNOW ALL MEN BY THESE PRESENTS THAT:**

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, **DONALD R SWICKARD**, TRUSTEE OF THE **DON SWICKARD FAMILY TRUST DATED AUG 15, 1987** hereinafter referred to as "Grantors", do hereby grant, bargain, sell, and convey unto the following, hereinafter referred as the GRANTEE'S:

A 2.8.% (two and 8/10 percent) share of the below described property as equal tenants in common TO:

The JAN LEE SEPARATE PROPERTY REVOCABLE TRUST, Gloria Janis Lee, Trustee

Lot 137, block G, Assessment parcel 05-116-01 Douglas County, state of Nevada, as shown on the amended map of subdivision No. 2—Zephyr Cove Properties, Inc. Section 9 and 10, Township 13 North Range 18 East, M.D.B. and M, also known as 649 Job Ln.,Marla Bay, Zephyr Cove Nevada.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD TOGETHER with all tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

GRANTORS do for Grantors and Grantors' heirs, personal representatives, executors and assigns forever hereby covenant with GRANTEE that Grantors are lawfully seized in fee simple of said premises; that the premises are free from all encumbrances, unless otherwise noted above; that Grantors have a

good right to sell and convey the same as aforesaid; and to forever warrant and defend the title to the said lands against all claims whatever.

WITNESS Grantor(s) hand(s) this the \_\_\_ day of \_\_\_, 20\_\_

Donald R Swickard  
Grantor  
{Type Name} Donald R Swickard

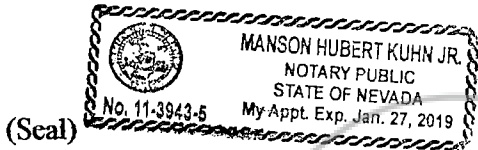
STATE OF NEVADA

COUNTY OF DOUGLAS

This instrument was acknowledged before me on 6-19-2017 (date) by DONALD ROBERT SWICKARD (name(s) of person(s)).

Manson Hubert Kuhn Jr  
Notary Public

Printed Name: Manson Hubert Kuhn, Jr



My Commission Expires:  
JAN 27, 2019

**Grantor(s) Name, Address, phone:**  
D R Swickard  
Trustees of the Don Swickard family  
Trust dated 8/15/1987  
55873 Congressional wy  
La Quinta Ca  
92253  
760-625-6963

**Grantee(s) Name, Address, phone:**  
Gloria Jan Lee  
558734 Congressional wy  
La Quinta Ca  
92253  
714-402-0354

**SEND TAX STATEMENTS TO GRANTORS**

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1318-09-810-105  
 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'/Ind'l  
 g)  Agricultural h)  Mobile Home  
 i)  Other \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>OK Per KLE</u>	

3. Total Value/Sales Price of Property: \$ 0  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 7  
 b. Explain Reason for Exemption: OUT OF TRUST WITHOUT CONSIDERATION

5. Partial Interest: Percentage being transferred: 2.8 %

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 DR Swickard Capacity Owner

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: DR SWICKARD  
 Address: 55823 Congressional way  
 City: Las Vegas  
 State: CA Zip: 92253

Print Name: \_\_\_\_\_  
 Address: SAME  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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