

DOUGLAS COUNTY, NV
RPTT:\$1014.00 Rec:\$17.00
\$1,031.00 Pgs=4
TICOR TITLE - GARDNERVILLE
KAREN ELLISON, RECORDER

2017-901705

07/21/2017 01:09 PM

WHEN RECORDED MAIL TO:
Lawrence Hollingshead and Robin K. Hollingshead,
Trustees of the Hollingshead Family Trust, dated May
1, 2012
2431 Fremont Street
Minden, NV 89423

MAIL TAX STATEMENTS TO:
Lawrence Hollingshead and Robin K. Hollingshead,
Trustees of the Hollingshead Family Trust, dated May
1, 2012

same as above

Escrow No. 1703422-RLT

The undersigned hereby affirms that this document
submitted for recording does not contain the social
security number of any person or persons.
(Pursuant to NRS 239b.030)

APN No.: 1420-07-815-013
R.P.T.T. \$1,014.00

SPACE ABOVE FOR RECORDER'S USE ONLY

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That Whende K. Boroughs, A married woman, as her sole and separate property

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, do/does hereby Grant, Bargain, Sell and Convey to Lawrence Hollingshead and Robin K. Hollingshead, Trustees of the Hollingshead Family Trust, dated May 1, 2012

all that real property situated in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WKB

Whende K. Boroughs

see attached certificate.

STATE OF
COUNTY OF

} ss:

This instrument was acknowledged before me on , _____
by Whende K. Boroughs

NOTARY PUBLIC

C O O P

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Humboldt


On July 17th, 2017 before me, Anna Hetko, Notary Public
(insert name and title of the officer)

personally appeared Whende K. Boroughs
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.

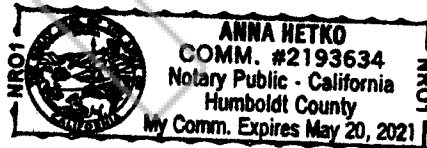
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



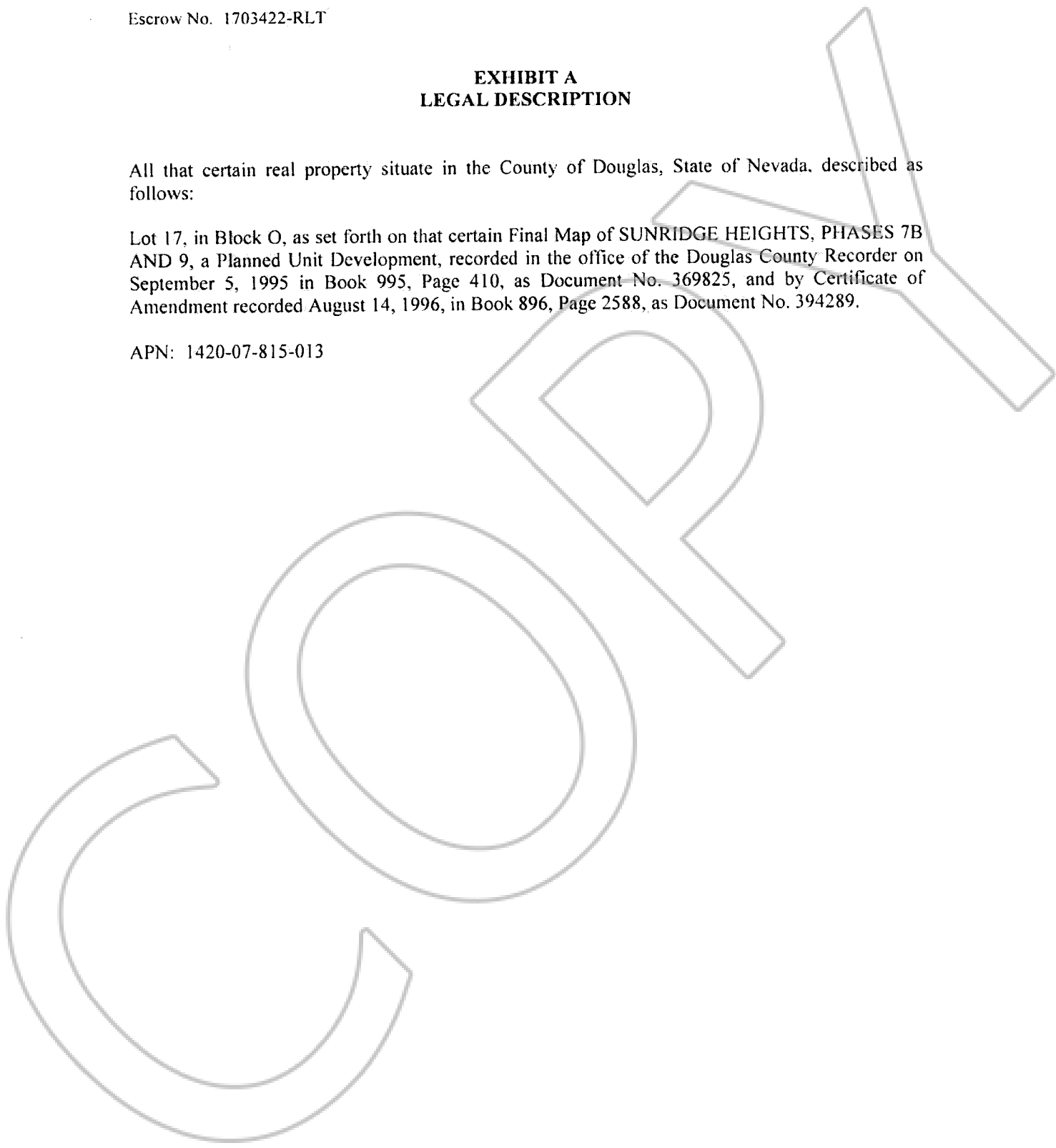
Escrow No. 1703422-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 17, in Block O, as set forth on that certain Final Map of SUNRIDGE HEIGHTS, PHASES 7B AND 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995 in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.

APN: 1420-07-815-013



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a. 1420-07-815-013
 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. a. Total Value/Sales Price of Property: \$ 260,000.00
 b. Deed in Lieu of Foreclosure Only (value of property) \$ _____
 c. Transfer Tax Value \$ 260,000.00
 d. Real Property Transfer Tax Due: \$ 1,014.00

4. **If Exemption Claimed**
 a. Transfer Tax Exemption, per NRS 375.090, Section _____
 b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity grantor
 Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**
 Print Name: Whende K. Boroughs
 Address: PO BOX 180
 City: Trinidad
 State: CA Zip: 95570

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**
 Print Name: Lawrence Hollingshead and Robin K. Hollingshead, Trustees of the Hollingshead Family Trust, dated May 1, 2012
 Address: 2431 Fremont Street
 City: Minden
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING (Required if not Seller or Buyer)
 Print Name: Ticor Title of Nevada, Inc. Escrow No.: 01703422-020-RLT
 Address: 1483 Highway 395 N, Suite B
 City, State, Zip: Gardnerville, NV 89410

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED