

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME DAVID DUMAS  
STREET ADDRESS 14 RedRock Rd  
CITY STATE MOUND HOUSE, NEVADA  
ZIP 89706

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**GRANT DEED**

DOCUMENTARY TRANSFER TAX \$ \_\_\_\_\_  
 computed on full value of property conveyed, or  
 computed on full value less liens and encumbrances remaining at time of sale.  
SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX \_\_\_\_\_ FIRM NAME \_\_\_\_\_

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), DAVID DUMAS  
(NAME OF GRANTOR(S))

grant to SUSAN RING & DAVID DUMAS AS JOINT TENANTS  
(NAME OF GRANTEE(S))

all that real property situated in the City of \_\_\_\_\_ (or in an unincorporated area of)

DOUGLAS County, State of NEVADA, described as follows (insert legal description):  
Lot 4 Ridgeview Estates Document # 63503  
3455 Basalt Dr Carson City NV  
PARCEL A (common area) Douglas County  
Assessors Parcel No D

Assessor's parcel No. 1420-07-411-018

Executed on 11/2/17 at (INDIAN HILLS) CARSON CITY  
(CITY AND STATE)

STATE OF NEVADA  
COUNTY OF DOUGLAS

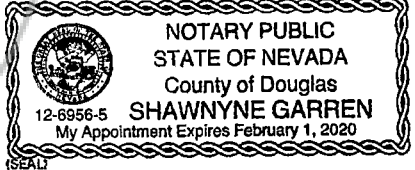
DAVID DUMAS  
(SIGNATURE)

On 11/2/17 before me, Shawnyne Garren, Notary Public  
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")  
personally appeared David Dumas

personally known to me (or 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.

WITNESS my hand and official seal.

Shawnyne Garren  
(SIGNATURE)



MAIL TAX STATEMENT TO: DAVID DUMAS - 14 REDROCK RD  
MOUNDHOUSE NV 89706

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE  
OFFICERS \_\_\_\_\_ (TITLES)  
 PARTNER(S)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER \_\_\_\_\_

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1420-07-411-018  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:  
 a)  Vacant Land    b)  Single Fam. Res.  
 c)  Condo/Twnhse    d)  2-4 Plex  
 e)  Apt. Bldg    f)  Comm'l/Ind'l  
 g)  Agricultural    h)  Mobile Home  
 i)  Other \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 23,726  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 93.60

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

5. Partial Interest: Percentage being transferred: ~~50~~ 100 %

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)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: DAVID DUMAS  
 Address: 14 REDROCK RD  
 City: MOUNDHOUSE  
 State: NV Zip: 89706

Print Name: SUSAN RING  
 Address: 14 REDROCK RD  
 City: MOUNDHOUSE  
 State: NV Zip: 89706

COMPANY/PERSON REQUESTING RECORDING  
(required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_