

A.P.N.: 1320-29-212-010  
File No: 143-2531355 (NF)  
R.P.T.T.: \$1,462.50

When Recorded Mail To: Mail Tax Statements To:  
Neal C. Falk and Stefanie Falk  
1044 Wisteria Drive  
Minden, NV 89423

***GRANT, BARGAIN and SALE DEED***

*FOR A VALUABLE CONSIDERATION*, receipt of which is hereby acknowledged,

Peggy L. Madsen, an unmarried woman

do(es) hereby *GRANT, BARGAIN and SELL* to

Neal C. Falk and Stefanie Falk, husband and wife as joint tenants with right of survivorship

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

**LOT 127, BLOCK D, AS SET FORTH ON THE MAP OF WINHAVEN, UNIT NO. 1, A PLANNED UNIT DEVELOPMENT, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 13, 1989, AS DOCUMENT NO. 194373.**

Subject to

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

*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.

Date: 11/14/2017

*Peggy L. Madsen*  
Peggy L. Madsen

STATE OF **NEVADA**            )  
   ): **ss.**  
COUNTY OF **DOUGLAS**       )

*see ATTACHED  
Acknowledgment*

This instrument was acknowledged before me on \_\_\_\_\_ by  
**Peggy L. Madsen.**

\_\_\_\_\_  
Notary Public  
(My commission expires: \_\_\_\_\_)

This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated  
**November 14, 2017** under Escrow No. **143-2531355.**

# ALL- PURPOSE CERTIFICATE OF 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 SACRAMENTO }

On December 2, 2017 before me, KATHY D. DAY, Notary Public  
(Here insert name and title of the officer)

personally appeared Reagy L. Madsen,  
 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.



Kathy D. Day  
 Notary Public Signature (Notary Public Seal)

### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT  
Grant, Bargain and Sale  
(Title or description of attached document)  
Deed  
(Title or description of attached document continued)  
 Number of Pages \_\_\_\_\_ Document Date 12/2/17

CAPACITY CLAIMED BY THE SIGNER

Individual (s)  
 Corporate Officer  
 \_\_\_\_\_  
(Title)

Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 1320-29-212-010
- 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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE</b>	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3. a) Total Value/Sales Price of Property: \$375,000.00
- b) Deed in Lieu of Foreclosure Only (value of property) ( \$ \_\_\_\_\_ )
- c) Transfer Tax Value: \$375,000.00
- d) Real Property Transfer Tax Due \$1,462.50

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption, per 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: *Peggy L. Madsen*

Capacity: *E. Officer*

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

Capacity: \_\_\_\_\_

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

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

Print Name: Peggy L. Madsen

Print Name: Falk

Address: PO Box 605

Address: PO Box 1337

City: Gardnerville

City: Genoa

State: NV Zip: 89410

State: NV Zip: 89411

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

Print Name: Company

File Number: 143-2531355 NF/ NF

Address 1663 US Highway 395, Suite 101

City: Minden

State: NV Zip: 89423

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