

APN: 1319-19-717-010

Escrow No. 00232819 - 016 - 17
RPTT 721.50
When Recorded Return to:
Sahana Shetty
2 Townsend Street #1-714
San Francisco, CA 94107
Mail Tax Statements to:
Grantee same as above

SPACE ABOVE FOR RECORDERS USE

Grant, Bargain, Sale Deed

For valuable consideration, the receipt of which is hereby acknowledged,
Roman De Sota, a married man who acquired title as a single man

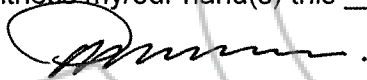
do(es) hereby Grant, Bargain, Sell and Convey to
Sahana Shetty, A single woman

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

See Exhibit A attached hereto and made a part hereof.

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

Witness my/our hand(s) this 4 day of JANUARY, ~~2017~~ 2018 JA



Roman De Sota

STATE OF California
COUNTY OF Alameda

This instrument was acknowledged before me on Jan 4th 2018 (d.d.),
by Roman De Sota _____

NOTARY PUBLIC

See Acknowledgment

SPACE BELOW FOR RECORDER

CALIFORNIA 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 Alameda }

On 1/4/2018 before me, Dominique Dillard, Notary Public
(Here insert name and title of the officer)

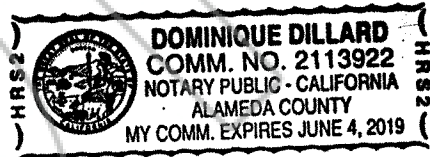
personally appeared Roman DeSota,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his signature(s) on the instrument the person(s), 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]
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Grant, Barbara, sale deed
(Title or description of attached document)
deed
(Title or description of attached document continued)
 Number of Pages _____ Document Date 1/4/18

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer

(Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

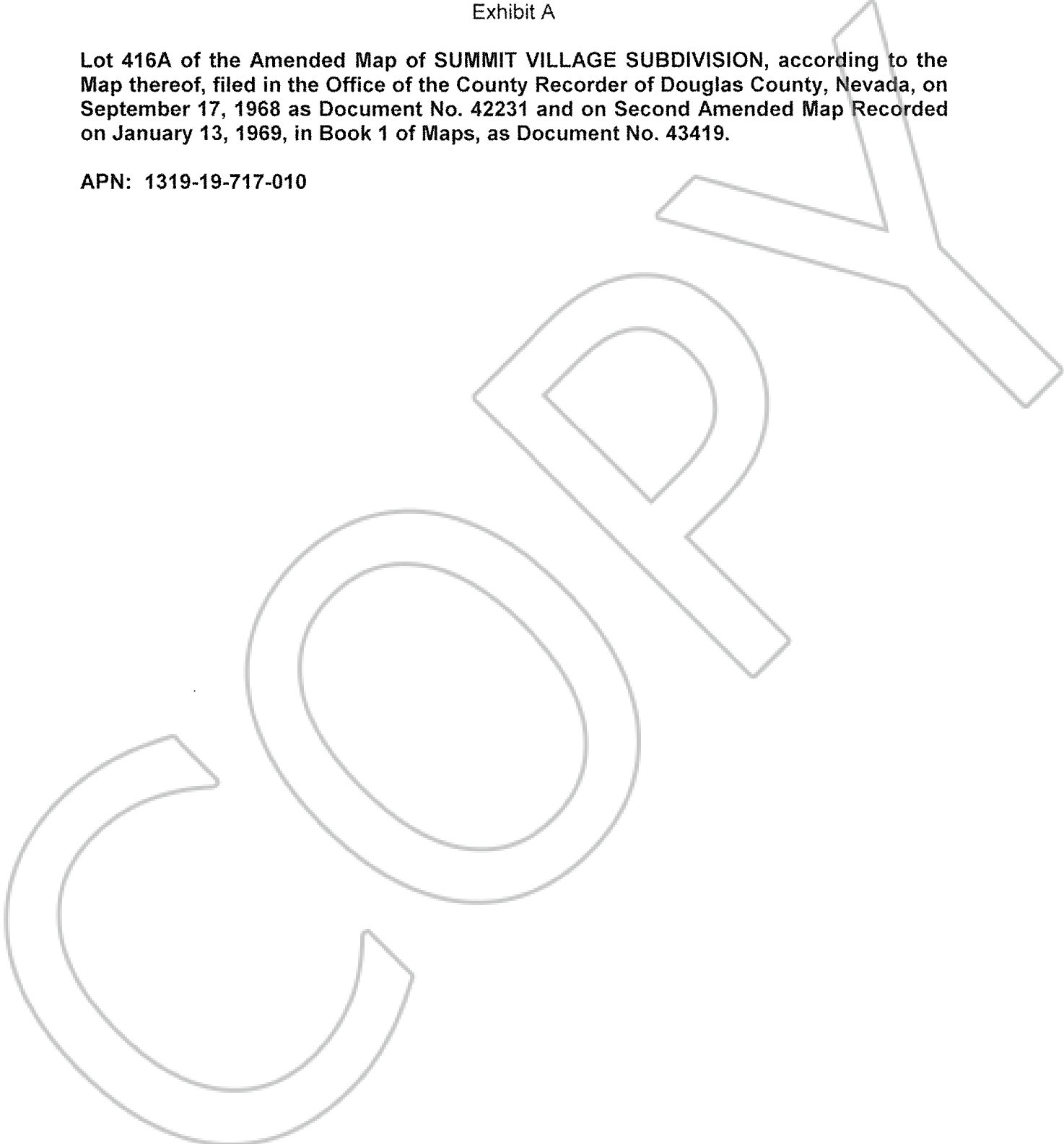
INSTRUCTIONS FOR COMPLETING THIS FORM

- 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.

Exhibit A

Lot 416A of the Amended Map of SUMMIT VILLAGE SUBDIVISION, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 17, 1968 as Document No. 42231 and on Second Amended Map Recorded on January 13, 1969, in Book 1 of Maps, as Document No. 43419.

APN: 1319-19-717-010



SPACE BELOW FOR RECORDER

1. APN: 1319-19-717-010

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	
Document Instrument No.:	
Book:	Page:
Date of Recording:	
Notes:	

**STATE OF NEVADA
DECLARATION OF VALUE**

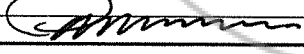
3. **Total Value/Sales Price of Property:** \$185,000.00
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$185,000.00
 Real Property Transfer Tax Due: \$ 721.50

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 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 	Capacity grantor
Signature _____	Capacity grantee
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(Required)	(Required)
Print Name: Roman De Sota	Print Name: Sahana Shetty
Address: 4100 Barner Avenue	Address: 2 Townsend Street #1-714
City/State/Zip: Oakland, CA 94602	City/State/Zip: San Francisco, CA 94107

COMPANY REQUESTING RECORDING

Co. Name: First Centennial Title Company of NV	Escrow # 00232819-016dr
Address: 896 West Nye Lane, Suite 104 Carson City, NV 89703	

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)