

DOUGLAS COUNTY, NV

2018-912695

RPTT:\$5.85 Rec:\$35.00

\$40.85 Pgs=4

04/10/2018 08:14 AM

TIMESHARE CLOSING SERVICES

KAREN ELLISON, RECORDER

APN: 1319-30-644-045 PTN

Recording requested by:
LESTER E. LEHR
and when recorded mail to:
Timeshare Closing Services, LLC.
8545 Commodity Circle
Orlando, FL 32819
www.timeshareclosingservices.com
Escrow # 110010518002A

Mail Tax Statements To: WIGGENS FAMILY HOLDINGS, LLC, 123 West 1st Street, Suite
675, Casper, Wyoming 82601
Interval Number: 37-078-47-02
Consideration: \$1050.00

Grant, Bargain, Sale Deed

THIS INDENTURE WITNESSETH: That for a valuable consideration, receipt of which is hereby acknowledged, LESTER E. LEHR, Individually and as Trustee and MARJORIE R. LEHR, Individually and as Trustee, of the Lehr Family Revocable Trust dated 04/18/01, whose address is 5208 Adelaide Way, Carmichael, California 95608, "Grantor"

Does hereby GRANT, BARGAIN, SELL AND CONVEY to: WIGGENS FAMILY HOLDINGS, LLC, a Wyoming Limited Liability Company, whose address is 123 West 1st Street, Suite 675, Casper, Wyoming 82601, "Grantee"

The following real property located in the State of Nevada, County of Douglas, known as The Ridge Tahoe, which is more particularly described in Exhibit "A" attached hereto and by this reference made a part hereof.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said Grantee and Grantee's assignees forever.

Document Date: 1-18-18

IN WITNESS WHEREOF, the Grantor has executed this conveyance the day and year first below written.

Beverly L. Lorens
Witness #1 Sign & Print Name:
Beverly L. LORENS

LESTER E. LEHR
LESTER E. LEHR, Individually and as Trustee

Kevin Paul Heider
Witness #2 Sign & Print Name:
Kevin Paul Heider

MARJORIE R. LEHR
MARJORIE R. LEHR, Individually and as Trustee

STATE OF _____) SS

COUNTY OF _____)

On _____, before me, the undersigned notary, personally appeared, LESTER E. LEHR, Individually and as Trustee and MARJORIE R. LEHR, Individually and as Trustee, of the Lehr Family Revocable Trust dated 04/18/01, 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.

SIGNATURE: please see attached CA Acknowledgment

My Commission Expires:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 1-18-18 before me, Samantha Dennis

Date Here Insert Name and Title of the Officer

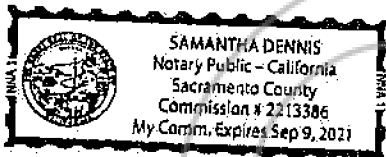
personally appeared Marjorie E. Lehr and Lester E. Lehr

Name(s) of Signer(s)

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 [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Exhibit "A"

File number: 110010518002

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 078 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions, and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

37-078-47-02

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a. 1319-30-644-045 ptn
 b. _____
 c. _____
 d. _____

2. Type of Property:
- | | | |
|--|--|----------------------------------|
| a. <input type="checkbox"/> Vacant Land | b. <input type="checkbox"/> Single Fam. Res. | FOR RECORDER'S OPTIONAL USE ONLY |
| c. <input type="checkbox"/> Condo/Twnhse | d. <input type="checkbox"/> 2-4 Plex | Book: _____ Page: _____ |
| e. <input type="checkbox"/> Apt. Bldg | f. <input type="checkbox"/> Comm'l/Ind'l | Date of Recording: _____ |
| g. <input type="checkbox"/> Agricultural | h. <input type="checkbox"/> Mobile Home | Notes: _____ |
| <input checked="" type="checkbox"/> Other <u>TIMESHARE</u> | | |

3. a. Total Value/Sales Price of Property \$ 1,050.00
 b. Deed in Lieu of Foreclosure Only (value of property) (0.00)
 c. Transfer Tax Value: \$ 1,050.00
 d. Real Property Transfer Tax Due: \$ 5.85

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

5. Partial Interest: Percentage being transferred: 100.00 %
 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 AGENT
 Signature [Signature] Capacity AGENT

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Lehr Family Revocable Trust
 Address: 5208 Adelaide Way
 City: Carmichael
 State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: WIGGENS FAMILY HOLDINGS
 Address: 123 West 1st Street, Suite 675
 City: CASPER
 State: WY Zip: 82601

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: TIMESHARE CLOSING SERVICES Escrow #: 110010518002
 Address: 8545 COMMODITY CIRCLE
 City: ORLANDO State: FL Zip: 32819

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED