

A.P.N.: 1220-04-112-012
File No: 123-2541157 (VD)
R.P.T.T.: \$230.10

DOUGLAS COUNTY, NV
RPTT:\$230.10 Rec:\$35.00
\$265.10 Pgs=2
2018-916946
07/19/2018 03:56 PM
FIRST AMERICAN TITLE IV
KAREN ELLISON, RECORDER

When Recorded Mail To: Mail Tax Statements To:
Pedro Leon
PO Box 1154
Minden, NV 89423

GRANT, BARGAIN and SALE DEED

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

Scott C. Jacobs, Successor Trustee of the Jacobs Family Trust dated March 25, 1994

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

Pedro Leon, a single man

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

LOT 39 AS SHOWN ON THE MAP OF KINGSLANE UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON DECEMBER 20, 1971, AS FILE NO. 55958.

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: 04/10/2018

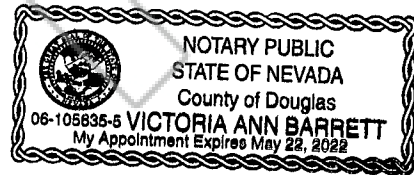
Scott C. Jacobs, Successor Trustee of the Jacobs
Family Trust dated March 25, 1994

Scott C. Jacobs
Scott C. Jacobs, Successor Trustee

STATE OF **NEVADA**)
)
) **ss.**
COUNTY OF ~~WASHOE~~ **Douglas**)

This instrument was acknowledged before me on June 4, 2018 by
Scott C. Jacobs

[Signature]
Notary Public
(My commission expires: 5/22/22)



This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **April 10, 2018** under Escrow No. **123-2541157**.

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a) 1220-04-112-012
 b) _____
 c) _____
 d) _____

2. Type of Property
- | | |
|--|--|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Fam. Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg. | f) <input type="checkbox"/> Comm'l/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> Other _____ | |

| FOR RECORDERS OPTIONAL USE ONLY | |
|---------------------------------|-------------|
| Book _____ | Page: _____ |
| Date of Recording: _____ | |
| Notes: _____ | |

3. a) Total Value/Sales Price of Property: \$59,000.00
 b) Deed in Lieu of Foreclosure Only (value of property) (\$ _____)
 c) Transfer Tax Value: \$59,000.00
 d) Real Property Transfer Tax Due \$230.10

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption, per 375.090, Section: _____
 b. Explain reason for exemption: _____
 5. Partial Interest: Percentage being transferred: 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]
 Signature: _____

Capacity: Grantee
 Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Jacobs Family Trust
 Address: 842 Branstetter Ave
 City: Dayton
 State: NV Zip: 89403

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Pedro Leon
 Address: P.O. Box 1154
 City: Minden
 State: NV Zip: 89423

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

Print Name: First American Title Insurance Company File Number: 123-2541157 VD/cf
 Address: 940 Southwood Blvd, Suite 203
 City: Incline Village State: NV Zip: 89451

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

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Signature: Scott Jacobs
 Signature: _____

Capacity: Grantor
 Capacity: _____

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(REQUIRED)**

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

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 City: Dayton
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