

DOUGLAS COUNTY, NV

2019-928263

RPTT:\$0.00 Rec:\$35.00

\$35.00 Pgs=5

04/25/2019 11:54 AM

U.S. DEEDS

KAREN ELLISON, RECORDER

E07

**ASSESSOR'S PARCEL NO. 1318-23-212-059**

**WHEN RECORDED MAIL TO:**

JAMES RANDALL HEROLD, TRUSTEE  
673 AUWINA STREET  
KAILUA, HI 96734

**MAIL TAX NOTICES TO:**

JAMES RANDALL HEROLD, TRUSTEE  
673 AUWINA STREET  
KAILUA, HI 96734

## GRANT, BARGAIN AND SALE DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, JAMES R. HEROLD and FABIENNE P. HEROLD, husband and wife, as joint tenants with right of survivorship (herein, "Grantor"), whose address is 673 Auwina Street, Kailua, HI 96734, hereby GRANTS, BARGAINS, SELLS AND CONVEYS to (a) JAMES RANDALL HEROLD, TRUSTEE, or any successors in trust, under the JAMES R. HEROLD TRUST dated February 6, 1990 and any amendments thereto, as to an undivided one-half (1/2) interest in the property described herein, and (b) FABIENNE PAULE HEROLD, TRUSTEE, or any successors in trust, under the FABIENNE PAULE HEROLD REVOCABLE TRUST dated May 25, 2001 and any amendments thereto, as to an undivided one-half (1/2) interest in the property described herein, as tenants in common (together herein, "Grantee"), each of whose address is 673 Auwina Street, Kailua, HI 96734, all of Grantor's right, title and interest in and to that certain real property located in Douglas County, Nevada, more particularly described as follows:

SEE EXHIBIT A ATTACHED HERETO.

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.

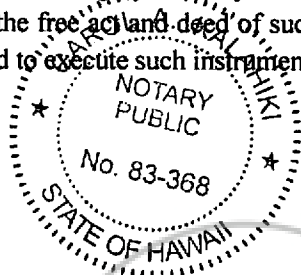
Dated this 19<sup>th</sup> day of March, 2019.

GRANTOR:

[Signature]  
JAMES R. HEROLD

STATE OF HAWAII )  
CITY AND COUNTY OF HONOLULU ) SS

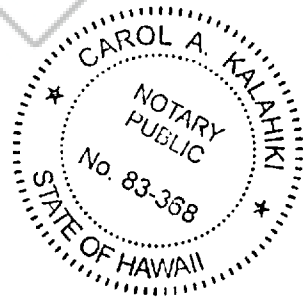
On this 19 day of March, 2019, before me personally appeared James R Herold, to me known or proven on the basis of satisfactory evidence to be such person, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable, in the capacity shown, having been duly authorized to execute such instrument in such capacity.



Signature: [Signature]  
Name: Carol A Kalahiki  
Notary Public, State of Hawaii  
My commission expires: 10/10/2019

(Official Stamp or Seal)

| NOTARY CERTIFICATION STATEMENT                                       |   |
|--|---|
| Document Identification or Description: Grant, Bargain and Sale Deed |   |
| Doc. Date: <u>3/19/19</u>  | or <input type="checkbox"/> Undated at time of notarization         |
| No. of Pages: <u>3</u>   | Jurisdiction: First Circuit<br>(in which notarial act is performed) |
| <u>[Signature]</u>   | Date of Notarization and Certification Statement                    |
| <u>Carol A Kalahiki</u>  | <u>3/19/19</u>  |
| Printed Name of Notary   | (Official Stamp or Seal)  |



GRANTOR:

*Herold*

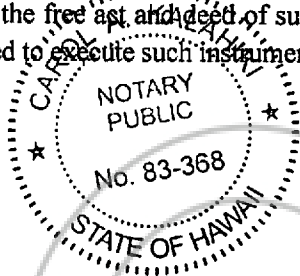
FABIENNE P. HEROLD

STATE OF HAWAII

CITY AND COUNTY OF HONOLULU

)  
) SS

On this 19 day of March, 2019, before me personally appeared Fabienne P Herold, to me known or proven on the basis of satisfactory evidence to be such person, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable, in the capacity shown, having been duly authorized to execute such instrument in such capacity.



Signature: *Carol A Kalahiki*  
Name: Carol A Kalahiki  
Notary Public, State of Hawaii  
My commission expires: 10/10/2019

(Official Stamp or Seal)

**NOTARY CERTIFICATION STATEMENT**

Document Identification or Description: Grant, Bargain and Sale Deed

Doc. Date: 3/19/19 or  Undated at time of notarization

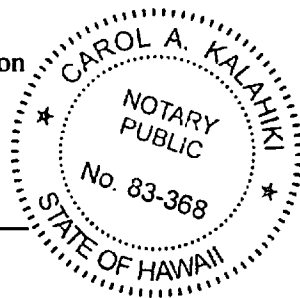
No. of Pages: 3 Jurisdiction: First Circuit  
(in which notarial act is performed)

*Carol A Kalahiki*  
Signature of Notary

Date of Notarization and  
Certification Statement

Carol A Kalahiki  
Printed Name of Notary

3/19/19



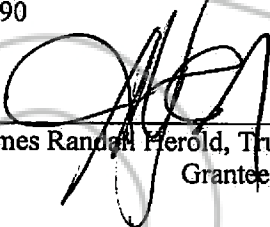
(Official Stamp or Seal)

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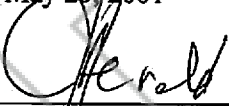
**Affirmation Statement**

I, the undersigned, hereby affirm that this document as submitted for recording does not contain the social security number of any person.

James R. Herold Trust dated February 6, 1990

  
\_\_\_\_\_  
James Randall Herold, Trustee  
Grantee

Fabienne Paule Herold Revocable Trust dated May 25, 2001

  
\_\_\_\_\_  
Fabienne Paule Herold, Trustee  
Grantee

**EXHIBIT A**

Lot 31B of LAKE VILLAGE, UNIT 2-C, as shown on the Official Map filed in the Office of the County Recorder of Douglas County, Nevada, on March 10, 1972, in Book 97, Page 442, as Document No. 58124.

Per NRS 111.312, this legal description was previously recorded as Document No. 839578, in Book 314, Page 2469, on March 17, 2014, in the office of the Recorder of Douglas County, Nevada.

*The parties herein confirm and agree by their signatures above and/or acceptance of this document that the preparer of this document has not advised the parties on the propriety or suitability of the conveyance; has been engaged solely for the purpose of preparing this instrument; has prepared the instrument only from information given to preparer by the parties and/or their representatives; has not verified the accuracy of the consideration stated to have been paid or upon which any tax may have been calculated; has not verified the legal existence or authority of any party or person executing the document; has not been requested to provide nor has preparer provided a title search, an examination of title or legal description, an opinion on title, legal review or advice of any sort, or advice on property taxes, reassessments, other taxes or the tax, legal or non-legal consequences that may arise from the conveyance; and that they agree to hold harmless, indemnify and defend the preparer from and against any and all losses, liabilities, claims, demands, actions, suits, proceedings, and costs of every nature arising therefrom. The parties herein further agree at any time, and from time to time, to cooperate, adjust, initial, execute, re-execute and re-deliver such further deeds and documents, correct any defect, error or omission and do any and all such further things as may be necessary to implement and carry out the intent of the parties in making this conveyance. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.*

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 1318-23-212-059  
 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  
 Other \_\_\_\_\_

**FOR RECORDER'S OPTIONAL USE ONLY**  
 Book: \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: \_\_\_\_\_  
 Notes: Trust ok BC

3. Total Value/Sales Price of Property \$ 0.00  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 Transfer Tax Value: \$ 0.00  
 Real Property Transfer Tax Due \$ 0.00

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section 7  
 b. Explain Reason for Exemption: Transfer to trust for no consideration

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 \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: James R. Herold and Fabienne P. Herold  
 Address: 673 Auwina Street  
 City: Kailua  
 State: HI Zip: 96734

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

Print Name: James R. Herold Trust/Fabienne Paule Herold  
Revocable Trust  
 Address: 673 Auwina Street  
 City: Kailua  
 State: HI Zip: 96734

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

Print Name: U.S. Deeds, P.A Escrow #: \_\_\_\_\_  
 Address: 423 Lithia Pinecrest Rd.  
 City: Brandon State: FL Zip: 33511