DOUGLAS COUNTY, NV

RPTT:\$1634.10 Rec:\$35.00

\$1,669.10 Pgs=4

2019-928371 04/29/2019 01:00 PM

FIRST AMERICAN TITLE MINDEN

KAREN ELLISON, RECORDER

A.P.N.:

1220-16-118-007

File No:

143-2560726 (mk)

R.P.T.T.:

\$1,634.10

When Recorded Mail To: Mail Tax Statements To:

Phillip Appleton 1289 Sorensen Lane Gardnerville, NV 89460

## GRANT, BARGAIN and SALE DEED

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

JoAnn Olow and Alice Artellan , as Co-Personnal Representatives for the Estate of Louise Rodrigues Artellan aka Louise Irma Artellan, deceased

do(es) hereby GRANT, BARGAIN and SELL to

Phillip Appleton, a widower

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

LOT 2 IN BLOCK A AS SHOWN ON THE MAP OF UPLAND ESTATES SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MAY 14, 1979, IN BOOK 579, PAGE 758 AS DOCUMENT NO. 32395.

*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.

Subject to

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

Date: 03/11/2019

This document was executed in counter-part and shall be deemed as one.

JoAnn Olow and Alice Artellan , as Co-Personnal Representatives for the Estate of Gerald Artellan and Louise Artellan

By:		
-	Name: JoAnn Olow	
	Title: Co- Personnal I	Representative
	00.	A A M
By:	llece	alillan
	Name: Alice Artellan	

Title: Co- Personnal Representative

STATE OF Nevada : ss COUNTY OF Douglas )

 by

Ro . Vanala

6.22

MARY KELSH
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 98-49567-5 - Expires Nov. 06, 2022

This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **March 11, 2019** under Escrow No. **143-2560726**.

JoAnn Olow and Alice Artellan , as Co-Personnal Representatives for the Estate of Louise Rodrigues Artellan aka Louise Irma Artellan, deceased	
By: Name: JoAnn Olow	$\int \int$
By: Name: Alice Artellan Title: Co- Personnal Representative	,
STATE OF (A-)	
COUNTY OF Mentery )	
This instrument was acknowledged before me on 4/15/19  JoAnn Olow  ASCo-Personnal Representatives.	by
Notary Public  (My commission expires: 12 - 1 - 22)  JOSHUA JONATHAI  COMM. # 2269  NOTARY PUBLIC CA  SACRAMENTO C  My Commission  DECEMBER 01	LIFORNIA D COUNTY O Expires 1

This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **March 11, 2019** under Escrow No. **143-2560726**.

A notary public or other officer completing this certificate document to which this certificate is attached, and not the	ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document.
State of California	~ \
County of Monteney )	
On 4/15 / 2019 before me,	bann Lynn Olow
Date	Here Insert Name and Title of the Officer
personally appeared	Lynn Olow
	Name(s) of Signer(s)
subscribed to the within instrument and acknowled his/her/their authorized capacity(ies), and that by his or the entity upon behalf of which the person(s) according to the control of the	
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
COMM.# 2269158  MOTARY PUBLIC-CALIFORNIA > SACRAMENTO COUNTY O	Signature Signature of Notary Public
Place Notary Seal Above	TIONAL
Though this section is optional, completing this	Information can deter alteration of the document or form to an unintended document.
Title or Type of Document: Horve Salf	
Document Date: 3/11/19	Number of Pages: 43
Signer(s) Other Than Named Above: Ali( &	Artelian
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Partner — ☐ Limited ☐ General	☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:	Other:
Signer Is Representing:	Signer Is Representing:
20000000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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## STATE OF NEVADA DECLARATION OF VALUE

1.	Assessor Parcel Number(s)	/\			
a)_	1220-16-118-007	( )			
b)_		\ \			
c)_ d)		\ \			
	T	\ \			
2.	Type of Property	FOR RECORDERS OPTIONAL USE			
a)	Vacant Land b) x Single Fam. Res.				
c)	Condo/Twnhse d) 2-4 Plex	BookPage:			
e)	Apt. Bldg. f) Comm'l/Ind'l	Date of Recording:			
g)	Agricultural h) Mobile Home	Notes:			
i)	Other				
3.	a) Total Value/Sales Price of Property:	\$419,000.00			
	b) Deed in Lieu of Foreclosure Only (value of pro	operty) ( \$ )			
	c) Transfer Tax Value:	\$419,000.00			
	d) Real Property Transfer Tax Due	\$1,634.10			
4.	If Exemption Claimed:				
••		/			
	<ul> <li>a. Transfer Tax Exemption, per 375.090, Section</li> <li>b. Explain reason for exemption:</li> </ul>	<del></del>			
	D. Explain reason of exemption.				
5.	Partial Interest: Percentage being transferred:	<u></u> %			
275	The undersigned declares and acknowledges, u	nder penalty of perjury, pursuant to NRS			
3/5 info	.060 and NRS 375.110, that the information properties and belief, and can be supported by doc	provided is correct to the best of their sumentation if called upon to substantiate			
the	information provided herein. Furthermore, the	parties agree that disallowance of any			
claii	med exemption, or other determination of addit	ional tax due, may result in a penalty of			
Sell	% of the tax due plus interest at 1% per month. er shall be jointly and severally liable,for any addi	tional amount owed.			
	nature: ON OLD /	Capacity:			
Sign	nature:	Capacity:			
-	SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION			
	(REQUIRED) JoAnn Olow and Alice Artellan, as	(REQUIRED)			
Prin	t Name: Co-Personnal Representatives	Print Name: Phillip Appleton			
Add	ress: 1412 Muir Dr	Address: 1289 Sorensen Lane			
City		City: Gardnerville			
Stat		State: NV Zip: 89460			
COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)					
Prin	First American Title Insurance t Name: Company	File Number: 143-2560726 mk/ mk			
	ress 1663 US Highway 395, Suite 101	The restriction of the medical field little			
City		State: NV Zip: 89423			
700	(AS A PUBLIC RECORD THIS FORM MAY E	BE RECORDED/MICROFILMED)			