DOUGLAS COUNTY, NV

2019-929156

RPTT:\$1560.00 Rec:\$35.00 \$1,595.00 Pgs=5

05/17/2019 09:18 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN: 1320-04-001-068

Escrow No. 00244650 - 001 - 20 RPTT \$1,560.00 When Recorded Return to: David B Davis and Sharon Lynn Davis, Trustees of The David Family Trust P.O. Box 706 Genoa, NV 89411

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, Gerald L. Sandberg and Nona J. Sandberg, Trustees of the Sandberg Family Trust dated October 5, 1995

do(es) hereby Grant, Bargain, Sell and Convey to David B. Davis and Sharon Lynn Davis, Trustees of the Davis Family Trust dated May 4, 1992, as amended

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 / + day of MAY, 2019

Signature and Notary Acknowledgment on page 2

SPACE BELOW FOR RECORDER

Page 2 Grant Bargain Sale Deed The Sandberg Family Trust Dated Octoer 5, 1995 Gerald L. Sandberg, Trustee STATE OF NEVADA **COUNTY OF Douglas** This instrument was acknowledged before me on 2019, by Gerald L. Sandberg and Nona . Sandberg NOTARY PUBLIC SPACE BELOW FOR RECORDER

## **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:

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$\mathcal{L}\mathcal{L}$	
State of)	
County of Wingl )	
On May 14, Wil before me,	
personally appeared Exald L	(Here insert name and title of the officer)
	strument and acknowledged to me that /their authorized capacity(jes), and that by nt the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY u the foregoing paragraph is true and corre	inder the laws of the State of California that ct.
WITNESS my hand and official seal.  Signature of Notary Public (Seal)	WILLIAM E. ZINN COMM2121281 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Term Exp. August 25, 2019
ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with current California statutes regarding notar if needed, should be completed and attached to the document. Actac other states may be completed for documents being sent to that state wording does not require the California notary to violate California.
(Title or description of attached document)  (Title or description of attached document continued)  Number of Pages Document Date	<ul> <li>State and County information must be the State and County wher signer(s) personally appeared before the notary public for acknowle</li> <li>Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed.</li> <li>The notary public must print his or her name as it appears with commission followed by a comma and then your title (notary public).</li> <li>Print the name(s) of document signer(s) who personally appear.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer  (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	Indicate the correct singular or plural forms by crossing off incombe/she/they, is /are ) or circling the correct forms. Faiture to correct information may lead to rejection of document recording.  The notary seal impression must be clear and photographically impression must not cover text or lines. If seal impression smud sufficient area permits, otherwise complete a different acknowledge.  Signature of the notary public must match the signature on file with the county clerk.  Additional information is not required but could help acknowledgment is not misused or attached to a different combinate title or type of attached document, number of page. Indicate the capacity claimed by the signer. If the claime corporate officer, indicate the title (i.e. CEO, CFO, Secrete Securely attach this document to the signed document with a stable search.

## WILLIAM E. ZINN COMM...2121281 NOTARY PUBLIC CALIFORNIA ORANGE COUNTY My Term Exp. August 25, 2019

#### INSTRUCTIONS FOR COMPLETING THIS FORM

ın complies ivili current California statutes regarding notary wording and, d, should be completed and attached to the document. Acknowledgents from ales may be completed for documents being sent to that state so long as the does not require the California notary to violate California notary law.

- and County information must be the State and County where the document (s) personally appeared before the notary public for acknowledgment,
- of notarization must be the date that the signer(s) personally appeared which ilso be the same date the acknowledgment is completed.
- otary public must print his or her name as it appears within his or her ission followed by a comma and then your title (notary public).
- the name(s) of document signer(s) who personally appear at the time of
- te the correct singular or plural forms by crossing off incorrect forms (i.e. (they, is /are ) or circling the correct forms. Failure to correctly indicate this nation may lead to rejection of document recording.
- otary seal impression must be clear and photographically reproducible. ssion must not cover text or lines. If seal impression smudges, re-seal if a ent area permits, otherwise complete a different acknowledgment form.
- ure of the notary public must match the signature on file with the office of inty 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 altached 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).
- ely attach this document to the signed document with a staple.

# 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	
County of Ormye  M- 11/2016	) Ma 12 72 m 1/4 1/10
On 11/09 19, Wt before me, _	Williams Gran, Notanglish
personally appeared Mong O	(Here insert name and title of the officer)
name(s) is/are subscribed to the within in he/she/they executed the same in bis/he	r/their authorized capacity(ies), and that by nt the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corre	
WITNESS my hand and official seal.	WILLIAM E. ZINN COMM2121281 COMME COUNTY WHY Term Exp. August 25, 2019
Signature of Notary Public (Sea	The same of the sa
ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT	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. Acknowedgents 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.
(Title dr.description of attached document)	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>
(Title or description of attached document continued)  Number of Pages Document Date	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.
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/shey, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> <li>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</li> </ul>
(Title) □ Partner(s) □ Attorney-in-Fact	<ul> <li>sufficient area permits, otherwise complete a different acknowledgment form.</li> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>Additional information is not required but could help to ensure this</li> </ul>
☐ Trustee(s) ☐ Other	<ul> <li>acknowledgment is not misused or attached to a different document.</li> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>

### Exhibit A

Being a portion of Block K, as shown on the Final Map #1015-2 for Carson Valley Business Park Phase 2, recorded in the office of the Douglas County Recorder, State of Nevada, on September 3, 1998, in Book 998, page 562, as File No. 448664, Official Records further described as follows:

Lot 45, Block K, as shown on Record of Survey #7, for Carson Valley Business Park, Phase 2, recorded in the office of the Douglas County Recorder, State of Nevada, on July 27, 2004, in Book 0704, page 11907, as Document No. 619925



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1. APN: 1320-04-001-068		<u></u>	
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		\ \	
<ol> <li>Type of Property:</li> <li>a) ✓ Vacant Land</li> </ol>	b) ☐ Single Fam. Res.	\ \	
c) ☐ Condo/Twnhse	d) □ 2-4 Plex	\ \	
e) □ Apt. Bldg g) □ Agricultural	f) ☐ Comm'l/Ind'I h) ☐ Mobile Home	\ \	
i) 🗆 Other			
		FOR RECORDERS OPTIONAL USE ONLY	
		Document Instrument No.:	
	,	Book: Page: Date of Recording:	
		Notes:	
<del></del>	STATE OF	NEVADA	
,	DECLARATION	OF VALUE	
O Tatal Malus (Oales Dais	of December	2100 000 00	
3. Total Value/Sales Price		\$ <u>400,000.00</u>	
	sure Only (value of property)		
Transfer Tax Value: Real Property Transfer	· Tay Due:	\$400,000.00 \$ 1,560.00	
rear reperty remoter	Tax buc.	V 4,000.00	
4 16 2 0 0 /4			
4. <u>If Exemption Claimed</u> a. Transfer Tax E	Exemption, per NRS 375.090	Section	
/ /			
_ (00)			
1 1	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			
of 10% of the tax due plus in		nation of additional tax due, may result in a penalty	
Pursuant to MRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional			
amount owed.	1 1 1		
Signature / Signature	TO UNDOS COUNT	Capacity (SCAPLATOY) Capacity	
	OR) INFORMATION	BUYER (GRANTEE) INFORMATION	
	uired)	(Required)	
Print Name: Gerald L. Sand Sandberg, Trustees of The		Print Name: David B. Davis and Sharon L. Davis, Trustees of The Davis Family Trust Dated May 4, 1992,	
Dated Octoer 5, 1995	1 3	as amended	
Address: 85/6 N. (*) City/State/Zip: (*) Y a note	CA 92867	Address: <i>P.O. Box 706</i> .  City/State/Zip: (1900A, NV 89411-0706	
COMPANY REQUESTING RECORDING			
Co. Name: First Centennia	I Title Company of NV	Escrow # 00244650-001	
Address: 1450 Ridgeview I 89519	Dr., Ste. 100 Reno, NV		
	A PUBLIC RECORD THIS F	ORM MAY BE RECORDED)	