

APN: 1318-03-212-024  
Recording requested by and mail  
documents and Tax Statements to:



John O. Singlaub and Sydney B. Coatsworth  
P.O. Box 11233  
Zephyr Cove, NV 89448

KAREN ELLISON, RECORDER E03

RPTT: \_\_\_\_\_

## GRANT DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged,

John O. Singlaub and Sydney B. Coatsworth, husband and wife as tenants in common with equal interest

do(es) hereby GRANT to:

John O. Singlaub (20% interest) and Sydney B. Coatsworth (80% interest), husband and wife, as tenants in common

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

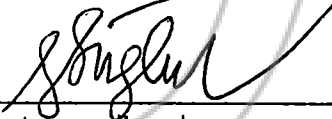
LOT 190, AS SHOWN ON THE MAP OF SKYLAND, SUBDIVISION NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON FEBRUARY 24, 1960, AS DOCUMENT NO. 15653.

Subject to:

1. Property Co-ownership Agreement dated December 6, 2019;
2. All general and special taxes for the current fiscal year; and
3. 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.

IN WITNESS WHEREOF, my hand has been set on: December 6, 2019.

  
\_\_\_\_\_  
Signature on line above

  
\_\_\_\_\_  
Signature on line above

John O. Singlaub  
\_\_\_\_\_  
Print name on line above

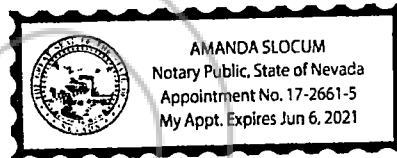
Sydney B. Coatsworth  
\_\_\_\_\_  
Print name on line above

# Grant Deed

STATE OF NEVADA  
COUNTY OF DOUGLAS

On this 6<sup>th</sup> day of December, 2019, personally appeared before me, a  
Notary Public John O. Singlaub and Sydney B. Coatsworth  
\_\_\_ 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 above  
instrument who acknowledged that the y executed this instrument. Witness  
my hand and official seal.

*Amanda Slocum*



*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public

My commission expires: 06/06/2021

# STATE OF NEVADA DECLARATION OF VALUE

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

**1. Assessor Parcel Number (s)**  
 (a) 1318-03-212-024  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

**2. Type of Property:**

a) <input type="checkbox"/> Vacant Land	b) <input checked="" 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	

**3. Total Value/Sales Price of Property:**

Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_

Transfer Tax Value: \$ \_\_\_\_\_

Real Property Transfer Tax Due: \$ \_\_\_\_\_

**4. If Exemption Claimed:**

a. Transfer Tax Exemption, per NRS 375.090, Section: 3

b. Explain Reason for Exemption: Change vesting

**5. Partial Interest: Percentage being transferred:** \_\_\_\_\_ %

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 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 Grantor

Signature [Signature] Capacity Grantor

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)  
 Print Name: John Singlaub and Sydney Coatsworth  
 Address: P.O. Box 11233  
 City: Zephyr Cove  
 State: NV Zip: 89448

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: Same  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_