DOUGLAS COUNTY, NV

RPTT:\$1.95 Rec:\$35.00

2019-939194

\$36.95

Pgs=5

12/06/2019 03:19 PM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A.P.N. No.: | A ptn of 1319-30-644-022 R.P.T.T. \$ 1.95

RTAVTS19186974 File No.: Recording Requested By:

Stewart Title Guaranty Company

Mail Tax Statements To:

Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449

When Recorded Mail To:

THOMAS MORGAN MCBRIDE and STACEY MARIE MCBRIDE and CHRISTOPHER THOMAS MCBRIDE 2793 W. Blueberry Circle Hayden, ID 83835

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That TONY TAMBURO and GAYLE TAMBURO, husband and wife and CHERYL MCBRIDE, a single woman for valuable consideration, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to THOMAS MORGAN MCBRIDE and STACEY MARIE MCBRIDE, husband and wife and CHRISTOPHER THOMAS MCBRIDE, a single man all together as joint tenants with right of survivorship and to the heirs and assigns of such Grantee forever, all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

The Ridge Tahoe, Plaza Building, Swing Season, Week #37-057-42-02, Stateline, NV 89449. 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, and any reversions, remainders, rents, issues or profits thereof.

Executed in counterpart

CHERYL MCBRIDE

This document is recorded as an ACCOMMODATION ONLY and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

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 Arizona County of Manicopa
On 11/20/2019 before me, Mean Smith Notary Public (insert name and title of the officer)
personally appeared TONY TAMBURO & GAYLE TAMBURO who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal. Signature (Seal)2
THE ON HAMMING

A.P.N. No.: A ptn of 1319-30-644-022

R.P.T.T. \$ 1.95

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Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 11-19-2019

Executed in counterpart

Executed in counterpart GAYLE TAMBURO

TONY TAMBURO

CHERYL MEBRIDE

This document is recorded as an ACCOMMODATION ONLY and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

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 attached, and not the truthfulness, accuracy, o validity of that document.	dual ate is	1
State of <u>Johnson</u> County of <u>Konteneri</u>		
On Wav 19th 2019 before me, _	(insert name and title of the office	cer)
personally appearedCHERYL who proved to me on the basis of satisfactory exsubscribed to the within instrument and acknowl his/her/their authorized capacity(ies), and that by person(s), or the entity upon behalf of which the	ledged to me that he/she/they exect y his/her/their signature(s) on the in	uted the same in strument the
I certify under PENALTY OF PERJURY under the paragraph is true and correct. WITNESS my hand and official seal.	ne laws of the State of California tha	at the foregoing
Signature Luncial seal.	(Seal)	ELLY ROUTT ON NUMBER 20190339 TARY PUBLIC tate of Idaho sion Expires 01/10/2025

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 057 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-022

STATE OF NEVADA DECLARATION OF VALUE FORM

	'arcel Numbe					/ \
a) A ptn c	of 1319-30-64	4-022				()
b)						\ \
c)			***			\ \
d)	······································					\ \
2. Type of Pro			y			
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c.□ Condo	/Twnhse	d.□ 2-4 Plex	Book		_ Page	;
e.□ Apt. B	ldg	f. ☐ Comm'l/Ind'l	Date of R	ecording:		
g.□ Agricu	Itural	h.□ Mobile Home	Notes:	Transmission of the latest and the l		1
Other	Timeshare	,	\			
			-			
3. a. Total Value			\$ 500.00			
		sure Only (value of prope	* * ***********************************		•	
c. Transfer		T	\$ 500.00			·····
d. Real Prop	erty Transfer	1 ax Due	\$ 1.95		}	~~~
4. If Exempt	ion Claimad:			1	1	
		tion per NRS 375.090, S	Section)		
	Reason for		2006011	/	/	
D. Limpion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				/	
5. Partial Inte	erest: Percen	age being transferred:	%			
The undersign	ed declares a	nd acknowledges, under	penalty of perju	ry, pursuant to	NRS 3	75.060
and NRS 375.	110, that the i	nformation provided is c	orrect to the best	of their inform	ation a	nd belief,
and can be su	pported by do	cumentation if called upo	on to substantiate	e the informati	on provi	ded herein.
Furthermore, t	he parties agi	ee that disallowance of	any claimed exer	nption, or othe	r deterr	nination of
additional tax (due, may rest	It in a penalty of 10% of	the tax due plus	interest at 1%	per mo	nth. Pursuant
0.03 373.03	o the buyer	and Seller shall be jointly	and severally lia	able for any ac	iditional	amount owed.
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Signature V) ou	y mue	<u>S</u> Capacity	Grantor	/	······································
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Signature		***************************************	Capacity	Grantee	<u> </u>	
Signature	_/_/		Capacity	Grantee		
	ANTOR) INFO	PRMATION		***************************************	***	ion
SELLER (GR		PRMATION	BUYER (GI	RANTEE) INF	***	ION
SELLER (GR	EQUIRED)		BUYER (GI	RANTEE) INFO	ORMAT	
SELLER (GRA	EQUIRED)	URO	BUYER (GI	RANTEE) INF	ORMAT ORGAN	I MCBRIDE
SELLER (GR) (F) Print Name: G Address: F	REQUIRED) SAYLE TAMB	URO	BUYER (GI	RANTEE) INFO (REQUIRED) THOMAS M	ORMAT ORGAN	I MCBRIDE
SELLER (GR) (F) Print Name: GAddress: F City: S	REQUIRED) SAYLE TAMB P.O. Box 2831 Saint Johns	URO	BUYER (GI Print Name: Address:	RANTEE) INFO (REQUIRED) THOMAS M 2793 W. Blu	ORMAT ORGAN	I MCBRIDE
SELLER (GRA) (F) Print Name: C Address: F City: S State: A	REQUIRED) SAYLE TAMB P.O. Box 2831 Saint Johns Z	URO Zip: <u>85936</u>	BUYER (GI Print Name: Address: City: State:	RANTEE) INFO (REQUIRED) THOMAS M 2793 W. Blu Hayden ID	ORMAT ORGAN eberry (I MCBRIDE Circle
SELLER (GR/ (F) Print Name: G Address: F City: S State: A	REQUIRED) SAYLE TAMB P.O. Box 2831 Saint Johns Z ERSON REQUIRED	URO Zip: 85936 JESTING RECORDING	BUYER (GI Print Name: Address: City: State: (required if not	RANTEE) INFO (REQUIRED) THOMAS M 2793 W. Blu Hayden ID	ORMAT ORGAN eberry (Zip:	I MCBRIDE Circle
SELLER (GR/ (F) Print Name: G Address: F City: S State: A COMPANY/PE Print Name: S	REQUIRED) SAYLE TAMB P.O. Box 2831 Saint Johns Z ERSON REQUIRED Stewart Title Of	Zip: 85936 JESTING RECORDING Buaranty Company	BUYER (GI Print Name: Address: City: State: (required if not	RANTEE) INFO (REQUIRED) THOMAS M 2793 W. Blu Hayden ID	ORMAT ORGAN eberry (Zip:	I MCBRIDE Circle
SELLER (GR/ (F) Print Name: G Address: F City: S State: A COMPANY/PE Print Name: S Address: 3	REQUIRED) SAYLE TAMB P.O. Box 2831 Saint Johns Z ERSON REQUIRED Stewart Title Of	URO Zip: 85936 JESTING RECORDING	BUYER (GI Print Name: Address: City: State: (required if not	RANTEE) INFO (REQUIRED) THOMAS M 2793 W. Blu Hayden ID seller or buye RTAVTS1918	ORMAT ORGAN eberry (Zip:	I MCBRIDE Circle

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED