

APN# 1320 30 812 010



KAREN ELLISON, RECORDER E05

Recording Requested by/Mail to:

Name: Jon & Kathleen Oberbon
Address: 996 Aspen Grove Cr
City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: _____
Address: SAME
City/State/Zip: _____

Grant Deed

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1320 30812-010
ESCROW NO. _____

MAIL TAX STATEMENT TO AND
WHEN RECORDED RETURN TO:
Jon + KATHLEEN Sherbon
996 Aspen Grove Cr
Minden NV 89423

GRANT, BARGAIN, SALE DEED

R.P.T.T. \$ _____

THIS INDENTURE WITNESSETH: That Kathleen Sherbon FOR A VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to Jon Sherbon, all that real property situate in the County of Douglas, State of Nevada, bounded and described as follows:

996 Aspen Grove
Minden NV
89423

Lot 10 in block A as set forth on the final map of Mountain Glen Phase I filed in the office of the County Recorder of Douglas Co. NV on Dec 28 1987, Book 1287 Page 3712
As Document No. 169542
APN 1320 30812 010

* Kathleen and Jon Sherbon
Sherbon

SUBJECT TO:

1. Taxes for the fiscal year 20__-20__.
2. Rights of way, reservations restrictions, easements and conditions of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS my hand this 5th day of March, 2020.

Signed, [Signature]
Name _____
Kathleen Sherbon
Name _____

Signed, [Signature]
Name _____
Jon Sherbon
Name _____

STATE OF NEVADA)
COUNTY OF Douglas)ss:

On this 5th day of March, 2020 personally appeared before me, a Notary Public in and for said County and State, Nevada, who acknowledged that ~~he and she~~ Jon Sherbon and Kathleen Sherbon executed the above instrument.

WITNESS my hand and official seal.
J. Rutherforddale
NOTARY PUBLIC in and for said
County and State.



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) 1320 30812-010
 (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
 i) 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: 5
 b. Explain Reason for Exemption: add husband to title

5. Partial Interest: Percentage being transferred: 50 %

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 any 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 owner

Signature [Signature] Capacity owner

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Kathleen Dherban
 Address: 996 Aspen Grove Cr
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Dan Dherban
 Address: 996 Aspen Grove
 City: Minden
 State: NV Zip: 89423

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

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)