WHEN RECORDED MAIL TO:

Jennifer Evans **PO BOX 246** Genoa, NV 89411

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons.

(Pursuant to NRS 239b.030)

Escrow No. 2004148-RLT APN 1319-09-602-026 R.P.T.T. \$0.00

2020-949642 DOUGLAS COUNTY, NV RPTT:\$0.00 Rec:\$40.00 07/24/2020 08:35 AM \$40.00 Pgs=3

TICOR TITLE - GARDNERVILLE KAREN ELLISON, RECORDER

E05

Space Above for Recorder's Use Only

## GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That David Evans

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, do/does hereby Grant, Bargain, Sell and Convey to

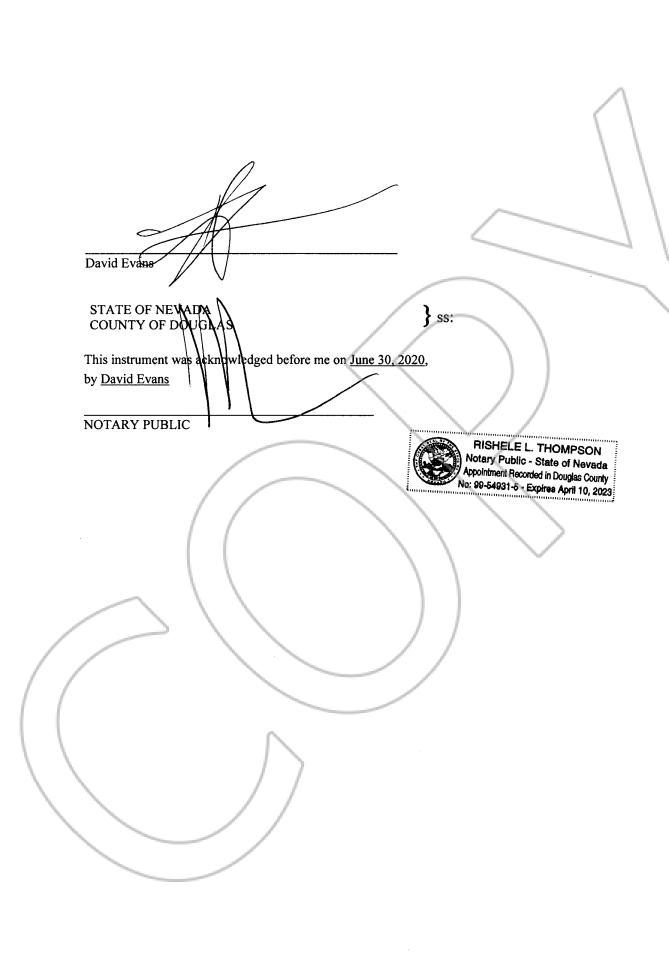
Jennifer Evans, an unmarried woman

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

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

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

It is the express intent of the grantor, being the spouse of the grantee, to convey all right, title and interest of the grantor, community or otherwise, in and to the herein described property to the grantee as his/her sole and separate property.



## EXHIBIT A LEGAL DESCRIPTION

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

A parcel of land located within the Southeast One-Quarter of the Northeast One-Quarter of Section 9, Township 13 North, Range 19 East, M.D.B. & M., Douglas County, Nevada and more particularly described as follows:

Commencing at the Northeast Corner of Section 9, Township 13 North, Range 19 East, M.D.B. & M.; thence S 07° 58' 30" W a distance of 2,003.60 feet to a 5/8" rebar with cap stamped PLS 3090 which is the TRUE POINT OF BEGINNING; thence, S 25° 09' 04" W a distance of 279.88 feet to a 5/8" rebar with cap stamped PLS 3090; thence N 67° 01' 31" W a distance of 112.11 feet to a 5/8" rebar with cap stamped PLS 3090; thence N 17° 47' 14" E a distance of 38.81 feet to a 5/8" rebar with cap stamped PLS 3090; thence N 20° 15' 56" E a distance of 235.30 feet to a 5/8" rebar with cap stamped PLS 3090; thence S 69° 31' 15" E a distance of 137.50 feet to the TRUE POINT OF BEGINNING.

The basis of bearings for the above parcel is the Northwest Line of Lot B of a Record of Survey Map for Lot Line Adjustments of Crystal Terry Ford Property, Book 683, Page 570, of Official Records of Douglas County, Nevada. Said line bears N 19° 39' 26" E.

NOTE: Said land being further shown as Lot A on Record of Survey supporting a boundary line adjustment filed for record on September 14, 1999, in Book 999, Page 2604 as Document No. 476572.

NOTE: The above metes and bounds description appeared previously in Document No. 2018-016293, recorded June 29, 2018, Official Records of Douglas County, State of Nevada.

APN: 1319-09-602-026

## STATE OF NEVADA DECLARATION OF VALUE FORM

| 1.                                                                          | Assesso   | r Parcel Numbe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r(s)     |                        |                      |                       |                             |  |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------|----------------------|-----------------------|-----------------------------|--|
|                                                                             |           | 9-602-026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                        | <del></del>          |                       |                             |  |
| b)                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        | <u> </u>             |                       | \ \                         |  |
| c)                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        | _                    |                       | \ \                         |  |
| d)                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | <u>.</u>               |                      |                       |                             |  |
| 2.                                                                          | Type of   | Property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                        |                      |                       | RS OPTIONAL USE             |  |
| - \                                                                         |           | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. \     | / 0!1. P-              | D                    | ONLY                  | \ \                         |  |
| a)                                                                          |           | Vacant Land<br>Condo/Twnhse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | b)       |                        | m. Kes.              | Notes:                | _ \ \ \                     |  |
| c)<br>e)                                                                    |           | Ant Bldg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ð.       | Comm'1/I               | nd'l                 |                       |                             |  |
| g)                                                                          |           | Agricultural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | h)       | ☐ Mobile H             |                      |                       |                             |  |
| i)                                                                          |           | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •••,     |                        |                      |                       |                             |  |
| Í                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      | 15                    |                             |  |
| 3. Total Value/Sales Price of Property:                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      |                       |                             |  |
| Deed in Lieu of Foreclosure Only (value of property)  S  Transfer Tax Value |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      |                       |                             |  |
|                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ov Du    | ۵٠                     | \$0.00               |                       |                             |  |
|                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      |                       |                             |  |
| 4.                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      |                       |                             |  |
|                                                                             | a.        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -        | -                      | 76                   | \                     | / .                         |  |
|                                                                             | b.        | Explain Reason                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | for Ex   | cemption: <u>Trans</u> | fer of title between | spouses without con   | sideration                  |  |
| _                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      |                       | /                           |  |
| 5.                                                                          | Partial 1 | nterest: Percenta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ge bei   | ng transferred: _      |                      | %                     |                             |  |
| The                                                                         | undersi   | gned declares and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ackn     | owledges, under        | penalty of perjury,  | pursuant to NRS 37    | 5.060 and NRS 375.110,      |  |
| that                                                                        | the inf   | ormation provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d is     | correct to the be      | est of their inform  | ation and belief, an  | nd can be supported by      |  |
|                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      |                       | , the disallowance of any   |  |
|                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | letern   | nination of additi     | onal tax due, may i  | esult in a penalty of | 10% of the tax due plus     |  |
| inter                                                                       | est at 19 | 6 per month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | /        | /                      |                      |                       |                             |  |
| Pur                                                                         | suant to  | NRS 3/15/030, th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ie Bu    | er and Seller sh       | nall be jointly and  | severally liable for  | any additional amount owed. |  |
|                                                                             | ature_    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·        |                        | Capacit              |                       | ~                           |  |
| _                                                                           | ature_    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | \                      | Capacit              |                       |                             |  |
| Sign                                                                        | ature_    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\vdash$ | <del>\</del>           | Capacii              | y <u> </u>            |                             |  |
|                                                                             | SEL       | LER (GRANTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R) IN    | FORMATION              | В                    | UYER (GRANTEE         | ) INFORMATION               |  |
|                                                                             |           | (REQU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IRED     | )                      |                      | (REQUI                | RED)                        |  |
| Prin                                                                        | t Name:   | David Evans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                        | Print Nam            | e: Jennifer Evans     |                             |  |
| Address: 1962 Some Liv.                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        |                      | Address: PO BOX 246   |                             |  |
| City: 647 Dreville                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        | City: Gen            | /                     |                             |  |
| State                                                                       | 1         | 11/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | ip: \$94 10            | < )                  |                       | 7' 00411                    |  |
| Jun                                                                         | 1 - 1     | /-V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | лр. <u>- 8 г / / с</u> | State: NV            |                       | Zip: <u>89411</u>           |  |
|                                                                             |           | //PERSON REQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                        | ING                  |                       |                             |  |
| (RE                                                                         | QUIREI    | IF NOT THE S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ELLE     | R OR BUYER)            |                      |                       |                             |  |
| Print                                                                       | Name:     | Ticor Title of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nevad    | la. Inc.               | Escrow #.:200414     | 8-RIT                 |                             |  |
| 76.                                                                         | 75.       | 41 Kietzke Lane,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | <del></del>            | 2301011111200717     | O IUI                 |                             |  |
|                                                                             | Reno      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                        | State: Ne            | vada                  | Zip: 89511                  |  |
|                                                                             | 76.       | The state of the s |          | JF 3                   | <del></del>          |                       | · · · ·                     |  |

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)