



KAREN ELLISON, RECORDER

APN: 1320-29-119-005
Return document to:
Stephen T and Susan M Harper
1089 Conifer Dr.
Minden, NV 89423

Mail tax statements to:
Stephen T and Susan M Harper
1089 Conifer Dr.
Minden, NV 89423

In compliance with NRS 239B.030, I, the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security number.

GRANT DEED

This GRANT DEED, executed this 5th day of ~~July~~ ^{AUGUST}, 2020, by the grantor,
Paula Louise (Harper) Rosaschi, Successor Trustee of the Edna H. Campbell 1991 under Declaration of Trust dated September 23, 1991 and amended on November 19, 2008.

for the consideration of \$10.00 (Ten Dollars and xx/100) and other valuable consideration in hand paid, does hereby grant, bargain, and sell forever to the grantee, Stephen Thomas Harper and Susan Margaret Harper as Joint Tenants

all right, title, and interest in and to the following real property situated in the County of Douglas, State of Nevada, legally described as:

See Exhibit "A" attached hereto

Commonly known as: 1089 Conifer Dr., Minden, NV 89423
Source of title:
Corporation Grant, Bargain and Sale Deed
Recorded 12-29-2000 in Book 1200, Page 6153
Douglas County Recording Office

THIS CONVEYANCE is made subject to:
Covenants, Conditions, and Restrictions of record

IN WITNESS WHEREOF, the grantor has signed and sealed these presents on
the day first above written.

Signed, sealed and delivered in the presence of:

Paula L Rosaschi
Signature
Paula Louise (Harper) Rosaschi
Print name Successor Trustee,
Edna H Campbell 1991 Trust
Capacity

Signature

Print name

Capacity

Signature

Print name

Capacity

Signature

Print name

Capacity

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

STATE OF NEVADA)
COUNTY OF LYON)

This instrument was acknowledged before me on the 5 day of August,
2020 by Paula L Rosaschi

Karin Klug
Notary Public
Karin Klug
Print name
My commission expires:
10/9/21



Exhibit A

LEGAL DESCRIPTION

Parcel 1:

Unit 369, as shown on the Final Map No. 1008-9 for WINHAVEN, Unit No. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on July 8, 1999, in Book 799 of Official Records at Page 1253, as Document No. 472099.

Assessors Parcel No. 1320-29-119-005

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-29-119-500
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Twnhse d) 2-4 Plex
 e) Apt. Bldg f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 200,000.00
 Deed in Lieu of Foreclosure Only (value of property) (_____
 Transfer Tax Value: \$ 200,000.00
 Real Property Transfer Tax Due: \$ 780.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # _____
 b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity GRANTEE

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Paula L. Rosatti
 Address: P.O. Box 126
 City: Wellington, NV
 State: NV Zip: 89444

Print Name: Stephen T. Harper
 Address: 1089 Conifer Dr
 City: Minden
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Stephen Harper Escrow # _____
 Address: 1089 Conifer Dr.
 City: Minden State: NV Zip: 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)