DOUGLAS COUNTY, NV

RPTT:\$1893.45 Rec:\$40.00

2020-951221

\$1,933.45 Pgs=3

08/21/2020 03:40 PM

ETRCO

KAREN ELLISON, RECORDER

**APN#**: 1220-21-111-122

**RPTT:** \$1,893.45

Recording Requested By:
Western Title Company

Escrow No.: 107419-SLA When Recorded Mail To: Thomas D. Doherty and Barbara Doherty

768 E. Cottage Loop Gardnerville, NV 89460

Mail Tax Statements to: (deeds only)

Same as Above

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature

Sherry Ackermann

**Escrow Officer** 

Grant, Bargain, and Sale Deed

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

## **GRANT, BARGAIN AND SALE DEED**

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Cottages NVCHH, LLC, a Nevada limited liability company

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Thomas D. Doherty and Barbara Doherty, husband and wife as joint tenants

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Gardnerville, County of Douglas State of Nevada bounded and described as follows:

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

Lot 56, as shown on the Amended Final Map of COTTAGES AT CARSON VALLEY, PHASE 1, a Planned Development #PD 05-003-3, an Amendment of Heritage Nevada Senior Housing, a Planned Development #PD 05-003, Recorded in the Office of the Douglas County Recorder, State of Nevada, on June 20, 2017, as Document No. 2017-900311, Official Records.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 08/16/2020

## Grant, Bargain and Sale Deed - Page 2

Cottages NVCHH, LLC, a Nevada limited liability company

Brandon Hill, Managing Member

STATE OF Nevada

By Brandon Hill.

Notary Public

}ss

Notary Public - State of Neveda Appointment Recorded in Douglas County No: 18-2871-5 - Expires June 8, 2022



**KOAH INWOOD** Notary Public - State of Nevada Appointment Recorded in Douglas County No: 18-2871-5 - Expires June 8, 2022

## STATE OF NEVADA DECLARATION OF VALUE

Assessors Parcel Number(s)
 a) 1220-21-111-122

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                            |                           |                                                  | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Type of Property:                                                                                           |                            | FOR RECO                  | ORDERS OPT                                       | IONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | USE ONLY          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | a) ☐ Vacant Land                                                                                            | b)   Single Fam. Res.      | NOTES:                    |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OSD GIVET         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | c) Condo/Twnhse                                                                                             | d) □ 2-4 Plex              |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e) ☐ Apt. Bldg                                                                                              | f) Comm'l/Ind'l            |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | g)  Agricultural                                                                                            | h) ☐ Mobile Home           |                           | /                                                | Name and Address of the Owner, where the Owner, which is the Own |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | i) Other                                                                                                    | •                          |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 /               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                            |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total Value/Sales Price of P                                                                                |                            | \$485,482.0               | 00                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deed in Lieu of Foreclosure                                                                                 | Only (value of property)   | <u>(</u>                  | 20                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Transfer Tax Value:                                                                                         | Duar                       | \$485,482.0<br>\$1,893.45 | JO                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Real Property Transfer Tax                                                                                  | Due:                       | \$1,893.43                | <del>-                                    </del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | If Exemption Claimed:  a. Transfer Tax Exemption per NRS 375.090, Section  b. Explain Reason for Exemption: |                            |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o. Explain Reason for                                                                                       | Exemption.                 |                           | / /                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Partial Interest: Percentage being transferred: 100 %                                                       |                            |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NF 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 parties agree that disallowance of any claimed exemption, or other determination of additional tax due, 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                            |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ature ////////////////////////////////////                                                                  |                            | Capacity _                | sellen                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>       |
| Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ature/                                                                                                      |                            | Capacity                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| SELLER (GRANTOR) INFORMATION (REQUIRED)  BUYER (GRANTEE) INFORMATION (REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                            |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| Prin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             | LLC, a Nevada limited I    | Print Name:               | Thomas D. Do                                     | herty and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d Barbara Doherty |
| Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 00 Cuite 100               |                           | 769 E C-44                                       | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| Add:<br>City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                            | Address:<br>City:         | 768 E. Cottage<br>Gardnerville                   | Loop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                                           |                            | -                         | NV                                               | Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 89460             |
| Yau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 111                                                                                                         | лр г                       | _                         | 144                                              | _ <b>Zip.</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05400             |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IPANY/PERSON REQUES'<br>(required if not the seller or buye                                                 | r)                         |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name: eTRCo, LLC. On beha                                                                                   | alf of Western Title Compa | any Esc                   | c. #: <u>107419-SL</u>                           | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| Addr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ress: Douglas Office<br>1362 Highway 395, S                                                                 | te 109                     |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| City/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State/Zip: Gardnerville, NV 8                                                                               |                            |                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |

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