DOUGLAS COUNTY, NV

RPTT:\$2203.50 Rec:\$40.00

2020-953102

\$2,243.50 Pgs=2

09/22/2020 12:06 PM

FIRST AMERICAN TITLE IV

KAREN ELLISON, RECORDER

A.P.N.: 1320-31-511-007

File No:

123-2596176 (VD)

R.P.T.T.:

\$2,203.50

When Recorded Mail To: Mail Tax Statements To: Joel Hay, Trustee of The Joel Hay Nevada Living Trust 813 Jeffrey
Incline Village, NV 89451

## GRANT, BARGAIN and SALE DEED

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

Melvin L. Swingrover, Trustee of the Swingrover Family Trust under Agreement dated September 20, 1990, as fully amended and restated on July 1, 2012

do(es) hereby GRANT, BARGAIN and SELL to

Joel Hay, Trustee of The Joel Hay Nevada Living Trust, dated July 27, 2020

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

LOT 8, IN BLOCK C, OF MACKLAND SUBDIVISION, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, RECORDER ON DECEMBER 4, 1980, BOOK 1280, PAGE 475, DOCUMENT NO. 51372, AND BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 7, 1984, BOOK 1184, PAGE 510, DOCUMENT NO. 109722, BOTH OF OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

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

## Subject to

- 1. All general and special taxes for the current fiscal year.
- Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Date: 07/12/2020

Family Trust under Agreement dated September 20, 1990, as fully amended and restated on July 1, 2012 from, Trustee STATE OF NEVADA SS. COUNTY OF WASHOE) DOUGLAS This instrument was acknowledged before me on Qual 25, 2020 by Melvin L. Swingrover, Trustee of the Swingrover Family Trust under Agreement dat. PATTI PERRY **NOTARY PUBLIC** STATE OF NEVADA My Appt. Exp. March 8, 2022 § Notary Public (My commission expires: 03/08 /2020 ) This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated 08/21/2020 under Escrow No. 123-2596176

Melvin L. Swingrover, Trustee of the Swingrover

## STATE OF NEVADA DECLARATION OF VALUE

<ol> <li>Assessor Parcel Number</li> </ol>	er(s)		_	
a) 1320-31-511-007			$\wedge$	
b)				
c) d)			\ \	
. u)			\ \	
2. Type of Property				
/ <del></del>	b) Single Fam. Res.	FOR RECORDERS O	\ \ \	
c) Condo/Twnhse	d) 2-4 Plex	BookPag	e:	
e) 🔲 Apt. Bldg.	f) Comm'i/Ind'l	Date of Recording: _		
g) 🔲 Agricultural	h) Mobile Home	Notes:		
i) Other	·			
3. a) Total Value/Sales Pri	ice of Property:	\$565,000.00		
b) Deed in Lieu of Fore	closure Only (value of pro	perty) (\$		
c) Transfer Tax Value:	/_/	\$565,000.00		4
d) Real Property Transf	fer Tax Due	\$2,203.50		ř
4. If Exemption Claime				
a Transfer Tax Exemn	otion, per 375.090, Section			
b. Explain reason for e		V. /	,	
	tage being transferred: $\_$	%		
The undersigned declar 375.060 and NRS 375.110	ares and acknowledges, ur	nder penalty of perjury,   provided is correct to the	pursuant to NRS ne hest of their	
information and belief, and	can be supported by docu	umentation if called upor	n to substantiate	
the information provided h	nerein. Furthermore, the	parties agree that disa	llowance of any	
claimed exemption, or othe 10% of the tax due plus in	er determination of additional terest at 1% per month.	onal tax que, may result Pursuant to NRS 375.030	. In a penaity of D. the Buver and	
Seller shall be jointly and se	everally liable for any addit	ional amount owed.		
Signature: Dk lun	ofumpoon	Capacity: Two	nen/selled brinker	9
Signature:	· - 0	Capacity:	<u></u> '	
SELLER (GRANTOR)		BUYER (GRANTEE) I	NFORMATION	
(REQUIR Melvin L. Swir	ngrover, Trustee of	(REQUIRE	:Б)	
the Swingrove	er Family Trust	J	- Company	
Print Name: under Agreen		Print Name: Joel Hay	D)	
Address: 1606 OLI		Address:873 🎿		
City: MINDEN		City: <u>lacline</u>	Uchage	
State: DEVADA			Zip: <u>89</u> 451	
COMPANY/PERSON REQ	Title Insurance	(required it not seller	OLDUACE I	
Print Name: Company	/ E	File Number: 123-259617	'6 VD/ vg	
Address 940 Southwood B				
City: Incline Village	ECODD THIS FORM MAY R		p: <u>89451</u>	
TACA DEBUTE DE	ELLIPTI THIS EIRMINIAY B	E RECURSIE()/(VIICKUE)	ET 1 1 1	

## STATE OF NEVADA **DECLARATION OF VALUE** Assessor Parcel Number(s) 1. a) 1320-31-511-007 b) 0) d) Type of Property 2. FOR RECORDERS OPTIONAL USE ONLY Vacant Land b) Single Fam. Res. a) d) 2-4 Plex Book Page: Condo/Twnhse c) f) Comm'l/Ind'l Date of Recording: e) Apt. Bldg. Notes: h) Mobile Home Agricultural g) i) Other a) Total Value/Sales Price of Property: \$565,000.00 3. b) Deed in Lieu of Foreclosure Only (value of property) \$565,000.00 c) Transfer Tax Value: \$2,203.50 d) Real Property Transfer Tax Due If Exemption Claimed: 4. a. Transfer Tax Exemption, per 375,090, Section: b Explain reason for exemption: % Partial Interest: Percentage being transferred: 5. 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. Capacity: Signature: Signature: Capacity: **BUYER (GRANTEE) INFORMATION SELLER (GRANTOR) INFORMATION** (REQUIRED) (REQUIRED) Melvin L. Swingrover, Trustee of the Swingrover Family Trust under Agreement Print Name: Print Name: dat Address: Address: City: City:

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

State:

State:

File Number:

NV

NV

123-2596176 VD/vg

Zip: 89451

Zip:

First American Title Insurance Company

940 Southwood Blvd, Suite 203

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

State:

Print Name:

Incline Village

Address

City: