

DOUGLAS COUNTY, NV

2020-953746

RPTT:\$0.00 Rec:\$40.00

\$40.00 Pgs=8

10/02/2020 08:23 AM

PACIFIC COAST TITLE

KAREN ELLISON, RECORDER

E02

RECORDING REQUESTED BY
PACIFIC COAST TITLE
MAIL TAX STATEMENT TO
AND WHEN RECORDED MAIL TO
Novad Management Consulting
2401 NW 23RD STREET, SUITE 1A1
OKLAHOMA CITY, OK 73107

APN# 1420-07-712-002

RECORDER'S USE ONLY

**GRANT DEED
DEED IN LIEU OF FORECLOSURE**

DIL NO. 1801-1353A

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$0.00

The amount of the unpaid debt was \$235,902.19

Computed on full value of property conveyed, or

Computed on full value less value of liens and encumbrances remaining at time of sale.

Unincorporated area City of CARSON CITY

SONDRA A. SMITH, SURVIVING TRUSTEE OF THE SMITH FAMILY TRUST DATED AUG 08, 2002, FOR THE BENEFIT OF ROGER O. SMITH AND SONDR A. SMITH, having an address of 2583 Johnson Place, Santa Clara, CA 95050

FOR A VALUABLE CONSIDERATION, DO/DOES HEREBY GRANT TO

SECRETARY OF HOUSING AND URBAN DEVELOPMENT, having an address of **451 7TH Street SW, Washington, DC 20410-0000**

the real property in the County of **DOUGLAS**, State of **NEVADA**, described as

SEE ATTACHED EXHIBIT "A"

EXHIBIT "B" (ESTOPPEL AFFIDAVIT) ATTACHED HERETO AND MADE A PART HEREOF

This deed is absolute conveyance, the consideration therefore, in addition to that above recited being full satisfaction of all obligations secured by the Deed of Trust executed by **ROGER O. SMITH AND SONDR A. SMITH, CO-TRUSTEES OF THE SMITH FAMILY TRUST DATED AUG 08, 2002** to **SEATTLE MORTGAGE COMPANY**

DIL NO. 1801-1353A

as the Original Beneficiary, recorded on **August 10, 2005**, as instrument no. **0651879**, book **805**, page **4679**. Grantor acknowledge that this conveyance is freely and fairly made, that the consideration received by the Grantors is equal to the fair value of the Grantors' interest to said land and that there are no agreements, oral or written, other than this deed between Grantors and Grantee with respect to title and said land.

DATED: 08-24-2020

SIGNATURE OF GRANTOR(S):

Sondra A. Smith
**SONDRA A. SMITH, SURVIVING TRUSTEE
OF THE SMITH FAMILY TRUST DATED
AUG 08, 2002, FOR THE BENEFIT OF ROGER
O. SMITH AND SONDRA A. SMITH**

State of _____)
County of _____)

On _____ before me, _____,
a Notary Public, personally appeared _____, who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF
PERJURY under the laws of the State of _____ that the foregoing paragraph is
true and correct.

WITNESS my hand and official seal

(Seal)

Signature _____

See Attached CA Certificate
Acknowledgement
Jurat

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Santa Clara }

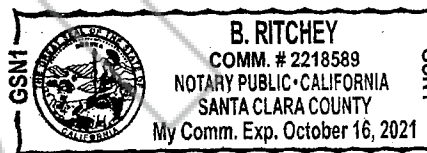
On Aug. 24th, 2020 before me, B. Ritchey, Notary Public
(Here insert name and title of the officer)

personally appeared Sandra A. Smith,
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(~~ies~~), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

B. Ritchey
 Notary Public Signature (Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer
- _____ (Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

DIL NO. 1801-1353A

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

LOT 8, IN BLOCK A, OF THE FINAL MAP OF SUNRIDGE HEIGHTS PHASE II, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 30, 1993, AS DOCUMENT NO. 311338.

Assessor's Parcel Number: 1420-07-712-002

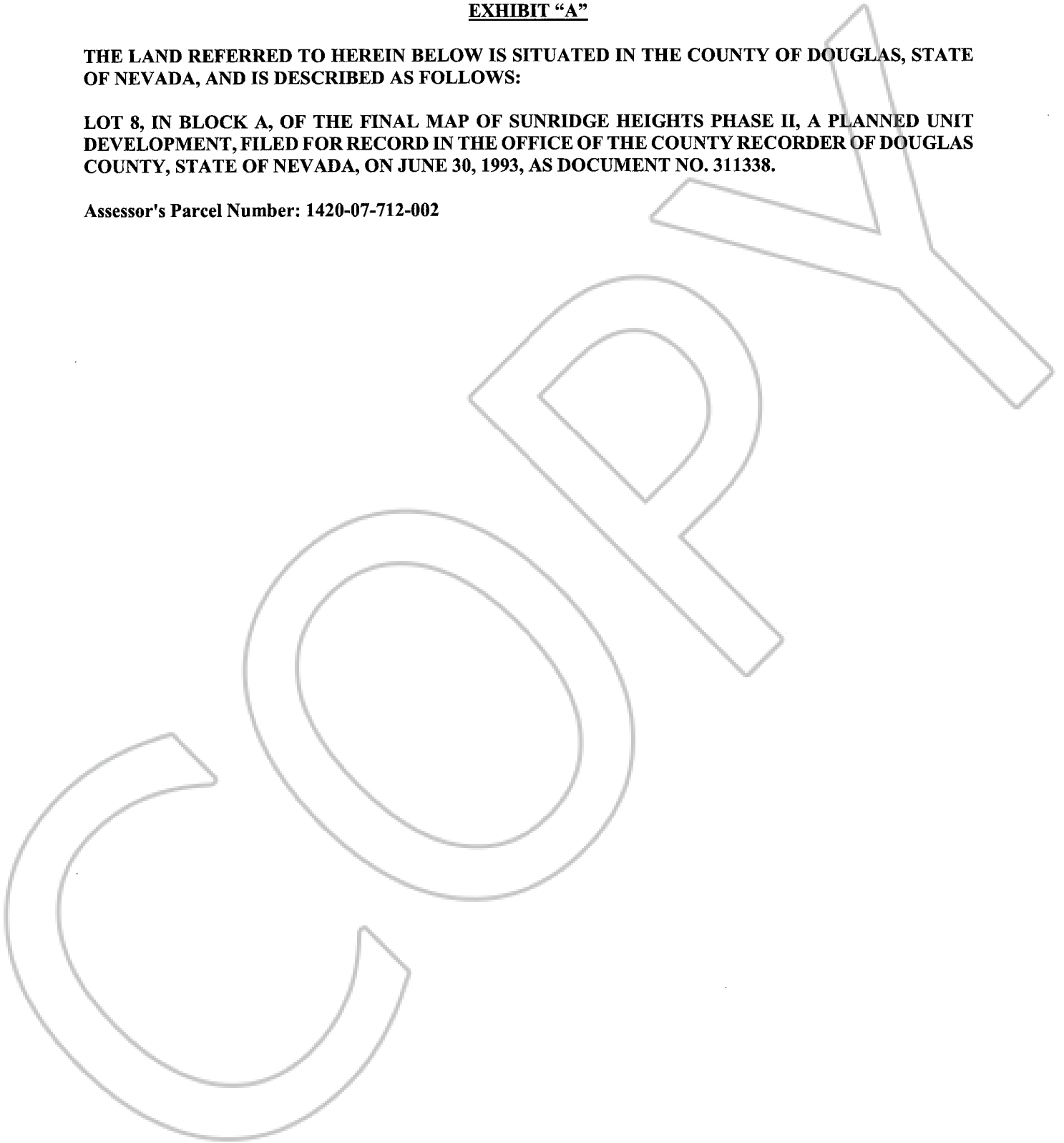


EXHIBIT 'B'

ESTOPPEL AFFIDAVIT

STATE OF NEVADA

DIL NO. 1801-1353A

SS

COUNTY OF DOUGLAS

SONDRA A. SMITH, SURVIVING TRUSTEE OF THE SMITH FAMILY TRUST DATED AUG 08, 2002, FOR THE BENEFIT OF ROGER O. SMITH AND SONDR A. SMITH (hereinafter called "Affiants"), being first duly sworn, for themselves, depose(s) and say(s):

That I/we was/were the identical party(ies) who made, executed and delivered that certain Grant Deed to **SECRETARY OF HOUSING AND URBAN DEVELOPMENT** (hereinafter called "Grantee"), of even date herewith, conveying the following described property described to wit:

SEE ATTACHED EXHIBIT "A"

That I/we now am/are and at all times herein mentioned was/were **SONDRA A. SMITH, SURVIVING TRUSTEE OF THE SMITH FAMILY TRUST DATED AUG 08, 2002, FOR THE BENEFIT OF ROGER O. SMITH AND SONDR A. SMITH;**

That the aforesaid Grant Deed is intended to be and is an absolute conveyance of the title to said premises to the Grantee named therein, and was not and is not now intended as a mortgage, trust conveyance, or security of any kind; that it was my/our intention as Grantors in said Grant Deed to convey, and by said Grant Deed, I/we did convey to the Grantee therein in all my/our right, title and interest absolutely in and to said premises; that possession of said premises has been surrendered to the Grantee;

That in the execution and delivery of said Grant Deed, I/we was/were not acting under any misapprehension as to the effect thereof; and acted freely and voluntarily and was/were not acting under coercion or duress;

That the consideration for said Grant Deed was and is (i) the full cancellation of all debts, obligations, costs and charges secured by that certain Deed of Trust heretofore existing on said property, including, without limitation, that certain Promissory Note executed by **ROGER O. SMITH AND SONDR A. SMITH, CO-TRUSTEES OF THE SMITH FAMILY TRUST DATED AUG 08, 2002, FOR THE BENEFIT OF ROGER O. SMITH AND SONDR A. SMITH**, in favor of **SEATTLE MORTGAGE COMPANY**, as of **August 4, 2005** and which Deed of Trust was executed by **ROGER O. SMITH AND SONDR A. SMITH, CO-TRUSTEES OF THE SMITH FAMILY TRUST DATED AUG 08, 2002, FOR THE BENEFIT OF ROGER O. SMITH AND SONDR A. SMITH**, Trustors, to **FIRST AMERICAN**, as Trustee, for **SEATTLE MORTGAGE COMPANY**, as beneficiary dated **August 4, 2005** and recorded **August 10, 2005** as document **0651879**, book **805**, page **4679** of official records, **DOUGLAS** County, NV, and (ii) the reconveyance of said property encumbered by said Deed of Trust; and that at the time of making said Grant Deed, I/we believed, and now believes, that the aforesaid consideration represents the fair value of the property so deeded.

This Affidavit is made for the protection and benefit of the Grantee in said Grant Deed, its successors and assigns, and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of any title company which may hereafter insure the title to said property.

That I/we will testify, declare, depose or certify before any competent tribunal, officer or person, in any case now pending or which may hereafter be instituted to the truth of the particular facts hereinabove set forth.

**Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter and the singular number includes the plural.

Date: 08-24-2020

Signature of Affiant(s)/Grantor(s)

Sondra A. Smith
**SONDRA A. SMITH, SURVIVING
TRUSTEE OF THE SMITH FAMILY
TRUST DATED AUG 08, 2002, FOR
THE BENEFIT OF ROGER O. SMITH
AND SONDR A. SMITH**

State of _____)
County of _____)

On _____ before me, _____, a Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

(Seal)

Signature _____

See Attached CA Certificate
~~Acknowledgement~~
Jurat

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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State of California }

County of Santa Clara }

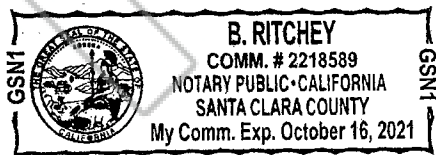
On Aug. 24th, 2020 before me, B. Ritchey, Notary Public
(Here insert name and title of the officer)

personally appeared Sandra A. Smith
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

B. Ritchey
 Notary Public Signature (Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

_____ (Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
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 - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
 - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
 - Print the name(s) of document signer(s) who personally appear at the time of notarization.
 - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
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 - Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
 - Securely attach this document to the signed document with a staple.

CERTIFICATE OF ACCEPTANCE

DIL # 1801-1353A

Property Address: 3524 SMOKETREE AVE CARSON CITY, NV 89705

FHA NO.: 331-1229616

Certificate of Acceptance, Nevada Revised Statutes 328.110

This is to certify that the interest in Real Property conveyed by the attached Grant Deed dated 8-24-2020 from SONDRA A. SMITH, SURVIVING TRUSTEE OF THE SMITH FAMILY TRUST DATED AUG 08, 2002, FOR THE BENEFIT OF ROGER O. SMITH AND SONDR A. SMITH to **THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT OF WASHINGTON D.C., ITS SUCCESSORS AND ASSIGNS** its successors and assigns is hereby accepted pursuant to it's servicer guidelines, after the Deed in Lieu of Foreclosure and the Grantee consents to the recordation thereof by its Duly Authorized Officer.

Date: 9-22-2020

**SECRETARY OF HOUSING AND URBAN DEVELOPMENT
BY NOVAD MANAGEMENT CONSULTING, LLC AS ATTORNEY IN FACT**

George Odoi
George Odoi

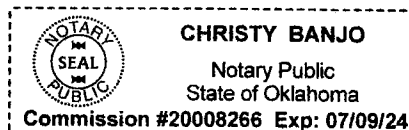
Signature and capacity of Signor

State of Oklahoma
County of Oklahoma

On 9/22/2020 before me, Christy Banjo,
a Notary Public, personally appeared George Odoi, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Oklahoma that the foregoing paragraph is true and correct.

WITNESS my hand and official seal (Seal)

Signature Christy Banjo



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-07-712-002
 b) _____
 c) _____
 d) _____

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

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

3. Total Value/Sales Price of Property: \$235,902.19
 Deed in Lieu of Foreclosure Only (value of property) (\$217,211.00)
 Transfer Tax Value: \$18,691.19
 Real Property Transfer Tax Due: \$0.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 02
 b. Explain Reason for Exemption: Transfer to a government entity

5. Partial Interest: Percentage being transferred: 100.0 %

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

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

Signature _____ Capacity _____

Signature Guyell Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Sondra A. Smith, Trustee
 Address: 2583 Johnson Place
 City: Santa Clara
 State: CA Zip: 95050

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Novad Management Consulting, POA Secretary of
Housing and Urban Development

Print Name: _____
 Address: 451 7th Street NW
 City: Washington
 State: DC Zip: 20410

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Pacific Coast Title Division Escrow # 1801-1353A
 Address: 1111 E. Katella Ave #200
 City: Orange, CA 92867 State: _____ Zip: _____

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