

APN# 1219-23-001-002

Recording Requested by/Mail to:

Name: LeGoy Law

Address: 98 Winter Street

City/State/Zip: Reno, NV 89503

Mail Tax Statements to:

Name: Elizabeth A. Bulger and Suzanne C. Scrape

Address: 776 Foothill Road

City/State/Zip: Gardnerville, NV 89460

Grant Deed

Title of Document (required)

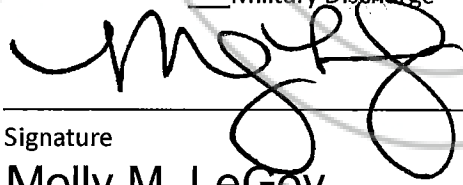
------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Molly M. LeGoy

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1219-23-001-002

Recorded at the request of
Molly LeGoy, Esq.
98 Winter Street
Reno, Nevada 89503

After Recording Mail to:
Elizabeth A. Bulger and Suzanne C. Scrape
776 Foothill Road
Gardnerville, NV 89460

GRANT DEED

For convenience and without consideration, Leslie A. Braun also known as Leslie A. Kibota, Julie A. Dofort, Elizabeth A. Bulger, and Suzanne C. Scrape, as Co-Trustees of The James R. Compardo Family Trust dated March 9, 1990, hereby grant, transfer, and sell, with full warranty of title according to the distribution provisions of the Trust to Elizabeth A. Bulger and Suzanne C. Scrape, all of the Trust's right, title and interest, in the real property situated in City of Gardnerville, County of Douglas, State of Nevada, commonly described as 776 Foothill Road, Gardnerville, Nevada, and particularly described on Exhibit A, attached hereto and incorporated herein by reference.

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.

This conveyance is subject to the following liens and encumbrances:

1. General, special, and any supplemental county taxes and assessments not delinquent.

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CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

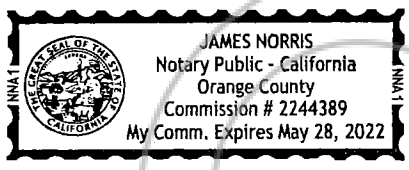
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of ORANGE }

On 12/16/2020 before me, JAMES NORRIS, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared LESLIE A. KIBOTA
Name(s) of Signer(s)

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.

Signature [Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: GRANT DEED
Document Date: 12/16/2020 Number of Pages: 6
Signer(s) Other Than Named Above: TWO

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer – Title(s): _____
 Partner – Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer is Representing: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Riverside

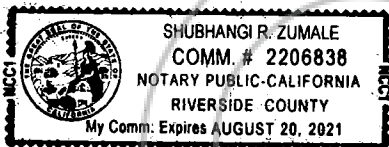
On Dec. 14, 2020 before me, Shubhangi R. Zumale, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Suzanne C. Scrape
Name(s) of Signer(s)

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.



Signature Shubhangi R. Zumale
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Grant Deed
Document Date: 12/14/2020 Number of Pages: 2 pgs
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

EXHIBIT A

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

Being a portion of the Northeast 1/4 of the Northwest 1/4 of Section 23, Township 12 North, Range 19 East M.D.B. & M., further described as

Parcel 3, as set forth on that certain Parcel map for Mary Germano, filed in the Office of the County Recorder of Douglas County, State of Nevada, on December 30, 1988, Page 4185 as Document 19352.

APN: 1219-23-001-002

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 1219-23-001-002
 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
 Other

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: 12/23/20 Trust ok~A.B.	

- 3.a. Total Value/Sales Price of Property \$ _____
 b. Deed in Lieu of Foreclosure Only (value of property (_____)
 c. Transfer Tax Value: \$ _____
 d. Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 7 _____
 b. Explain Reason for Exemption: Transfer from Trust without consideration

5. Partial Interest: Percentage being transferred: _____ %
 The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____ Capacity: Attorney for Grantor

Signature _____ Capacity: Attorney for Grantee

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: The James R. Compardo Family Trust
 Address: 776 Foothill Road
 City: Gardnerville
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Elizabeth A. Bulger and Suzanne C. Scrape
 Address: 776 Foothill Road
 City: Gardnerville
 State: NV Zip: 89460

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: LeGoy Law Escrow # _____
 Address: 98 Winter Street
 City: Reno State: NV Zip: 89503

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED