

APN: 1320-04-001-026

Prepared By:

Timios Agency of Nevada, Inc.
2379 Spirito Ave.
Henderson, NV 89052
Phone: 877-844-6467

Mail Tax Statements and After Recording Return to:

STEPHANIE HENDRIE
2520 CLAPHAM LN
MINDEN, NV 89423-7040

R2216171

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That

BETTY BELL, TRUSEE AND GRANTOR UNDER THE BETTY BELL REVOCABLE TRUST DATED FEBRUARY 10, 2014.

For a valuable consideration, the receipt of which is hereby acknowledged, do(es) hereby Grant, Bargain, Sell and Convey to STEPHANIE HENDRIE TRUSTEE UNDER THE BETTY BELL REVOCABLE TRUST DATED FEBRUARY 10, 2014

all that real property situated in the County of DOUGLAS, State of Nevada, described as follows:

THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 4, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.M.

EXCEPTING THEREFROM THE SOUTHERLY 191.00 FEET OF A STRIP OF LAND 30.00 FEET IN WIDTH LYING ADJACENT TO, PARALLEL WITH AND WESTERLY OF THE EAST LINE OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 4, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.M.

SUBJECT TO:

1. All general and special taxes for the current fiscal year.

2. Reservations, restrictions and conditions if any; rights of way and easements either of record or actually existing on said premises.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Witness my hand this 24th day of March, 2021.

Betty Bell, TRUSTEE by Stephanie Hernandez as Attorney
BETTY BELL, TRUSTEE IN FACT

STATE OF NEVADA

) ss

COUNTY OF DOUGLAS

On _____, personally appeared before me, a Notary Public, in and for said County and State, BETTY BELL, who acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Notary Public in and for said County and State
Commission expires:

see attached CA acknowledgement

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 Los Angeles }

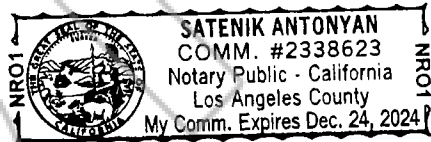
On March 24, 2021 before me, Satenik Antonyan, a Notary
(Here insert name and title of the officer)

personally appeared Stephanie Hendrie,
 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/h~~er~~/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]
 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

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a. 1320-04-001-026
- 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 RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3. a. Total Value/Sales Price of Property \$ 0.00
- 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 03
- b. Explain Reason for Exemption: Change of Trustee

5. Partial Interest: Percentage being transferred: 100.00 %

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 Roselyn Woodward Capacity Grantor's Agent

Signature Roselyn Woodward Capacity Grantee's Agent

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Betty Bell, as trustee
 Address: 2520 Clapham Ln.
 City: Henderson
 State: NV Zip: 89052

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Stephanie Hendrie, Trustee
 Address: 2520 Clapham Ln.
 City: Henderson
 State: NV Zip: 89052

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

Print Name: Timios Inc
 Address: 5716 Corsa Ave ste 102
 City: Westlake Village

Escrow #: _____
 State: CA Zip: 91362