DOUGLAS COUNTY, NV

RPTT:\$0.00 Rec:\$40.00

2021-968168

\$40.00 Pc

Pgs=3

05/27/2021 09:28 AM

FIRST AMERICAN TITLE PASEO VERDE

KAREN ELLISON, RECORDER

E07

A.P.N.:

1219-22-001-029

File No:

13895-2622824 (ME)

R.P.T.T.:

\$Exempt 07

When Recorded Mall To: Mail Tax Statements To: Brian E. Scott and Janice G. Scott Revocable Family Trust Dated 5/17/2017 2375 Medallion Way Lodi, CA 95242

GRANT, BARGAIN and SALE DEED

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

Janice Gale Scott and Brian Edward Scott, wife and husband as joint tenants

do(es) hereby GRANT, BARGAIN and SELL to

Janice G. Scott and Brian E. Scott as trustees of the Brian E. Scott and Janice G. Scott Revocable Family Trust Dated 5/17/2017

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

LOT 305 IN BLOCK B, OF JOB'S PEAK RANCH - UNIT 3 A PLANNED UNIT DEVELOPMENT FINAL SUBDIVISION MAP #2014-3, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 5, 2001, IN BOOK 1001, PAGE 1342, AS DOCUMENT NO. 524340, OFFICIAL RECORDS.

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.
- 2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

~ 20
San ale
Junice bale Janee Gale Scott Soluve
Brian Edward Scott
STATE OF)
COUNTY OF ;ss.
This instrument was acknowledged before me on this: day of
By: Jance Gale Scott and Brian Edward Scott
Notary Public (My commission expires: LOCOLLOW) Please see attached for CA Civil Code Section 1189 compliant acknowledgment

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 San Joaquin	
OnMay 22, 2021 before me,	Gavina Franklin, Notary Public (Here Insert name and title of the officer)
	SALE SCOTT and BRIAN EDWARD SCOTT
porodismy specimos	actory evidence to be the person(s) whose
•	instrument and acknowledged to me that
	er/their authorized capacity(ies), and that by
	ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	
. , ,	
Lordiff hunder DENALTY OF DED HIDY	under the laws of the State of California that
the foregoing paragraph is true and cor	The same of the sa
The loregoring paragraph is true and cor	
	GAVINA FRANKLIN COMM. #2212774
WITNESS my hand and official seal.	Notary Public · California
	San Joaquin County My Comm. Expires Oct. 1, 2021
Manielle	# 2-2-12-774
Notary Public Signature (No	otary Public Seal) EXP. ID. DI. 2021
•	
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and,
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgents from
CRANT BARCAIN AND SALE DEED	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.
GRANT, BARGAIN AND SALE DEED (Title or description of attached document)	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
(Title or description of attached document continued)	must also be the same date the acknowledgment is completed.
Number of Pages Document Date	 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
CAPACITY CLAIMED BY THE SIGNER	notarization. • Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
☐ Individual (s)	he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this
☐ Corporate Officer	 information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible
(TW-)	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
(Title) □ Partner(s)	• Signature of the notary public must match the signature on file with the office or
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this
☐ Trustee(s)	acknowledgment is not misused or attached to a different document.
Other	 Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is
2045 Version unus Netani Clarena anna 200 273 0265	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

1.	Assessor Parcel Number((s)		,		
a)_	1219-22-001-029			(\	
b)_				\		
c)_ d)	· · · · · · · · · · · · · · · · · · ·					
u)_					\ \	
2.	Type of Property					
a)	X Vacant Land b) Single Fam. Res.	FOR REC	ORDERS OPTION	ONAL USE	
c)	Condo/Twnhse d) 2-4 Plex	Book	Page:	. \ . \	
e)	Apt. Bldg. f	Comm'l/Ind'l	Date of Re	cording:		
g)	Agricultural h) Mobile Home	Notes: 5/2	7/21 Trust Ok	~A.B.	
i)	Other					
3.	a) Total Value/Sales Price	e of Property:	\$0.	.00		
	b) Deed in Lieu of Forecl		_	1)	
	c) Transfer Tax Value:		,	.00	/	
	,	T. D.			· .	
	d) Real Property Transfe			.00		
4.	If Exemption Claimed	i				
	a. Transfer Tax Exempti			Afficia de la companya del companya della companya	•	
	b. Explain reason for exe	emption: Transfer to a	trust without	consideration		
5.	Partial Interest: Percenta	age being transferred:	100	0/0		
	The undersigned declare	es and acknowledges.	nder penalty	of periury pursu	ant to NRS	
The undersigned declares and acknowledges, under penalty of perjury, pursuant of 375.060 and NRS 375.110, that the information provided is correct to the best of information and belief, and can be supported by documentation if called upon to substitute the contract of t						
the	information provided he	rein. Furthermore the	narties agre	e that disallowa	nce of any	
clair	ned exemption, or other of the tax due plus inte	determination of addit	onal tax due,	may result in a	penalty of	
Selle	o of the tax due plus inte er shall be jointly and sevi	rest at 1% per month. erally liable for any addi	Pursuant to N	NRS 3/5.030, the	Buyer and	
	nature: 11.10cg		Capacity:	acont		
	nature:		Capacity:	3.00		
_	SELLER (GRANTOR) IN	NFORMATION		RANTEE) INFO	RMATION	
	(REQUIRE	o)		(REQUIRED)		
				Janice G. Scott E. Scott as trus	and Brian tees of the	
	Janice Gale Sco	tt and Brian		Brian E. Scott a	nd Janice	
Prin	t Name: as joint tenants	wife and husband	Print Name:	G. Scott Revoca Trust Dated 5/1		
	ress: 2375 Medallion V			2375 Medallion V		
City			City: Lodi		/	
Stat		Zip: 95242	State: CA	Zip:	95242	
<u>102</u>	MPANY/PERSON REQU	ESTING RECORDING				
Dute	First American Ti	tle Insurance	mal Ki	4000 0000		
Prin	t Name: <u>Company</u> ress 2500 N Buffalo Driv	ve Suite 120	File Number:	13895-2622824	ME/ hw	
City		o, Juice 120	State: NV	Zip: 89	128	
- Sandalanda		ORD THIS FORM MAY				