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SHAWNYNE GARREN, RECORDER

E07

APN# 1319-19-411-009

Recording Requested by/Mail to:

Name: David H. Bundy, P.C.

Address: 721 Depot Drive

City/State/Zip: Anchorage AK 99501

Mail Tax Statements to:

Name: Leathard Family L.L.C.

Address: 2026 Crataegus Circle

City/State/Zip: Anchorage AK 99508

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

Printed Name

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

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 11-226-19
 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: <u>5/4/23</u>	
NOTES: <u>Just OK NRS</u>	
<u>APP: 1319-19-411-009</u>	

3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____
 Transfer Tax Value: \$ _____
 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 to beneficiary
without consideration

5. Partial Interest: Percentage being transferred: 50 %

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 375.020, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity attorney for grantor

Signature [Signature] Capacity attorney for grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Scott Peter Leathard, trustee
 Address: 923 4th St SE
 City: Washington
 State: DC Zip: 20003

Print Name: Scott Peter Leathard
 Address: 923 4th St SE
 City: Washington
 State: DC Zip: 20003

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: David H Bundy PC Escrow # _____
 Address: 721 Depot Drive
 City: Anchorage State: AK Zip: 99501

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