APN: 1319-30-516-031 R.P.T.T.: \$2,427.75 Escrow No.: 23034389-DR

When Recorded Return To:

Paul Joseph Kelly and Tamara Bernice Kelly

2752 Aberdeen Lane El Dorado Hills, CA 95762

Mail Tax Statements to: Paul Joseph Kelly and Tamara Bernice Kelly 2752 Aberdeen Lane El Dorado Hills, CA 95762 **DOUGLAS COUNTY, NV**RPTT:\$2427.75 Rec:\$40.00
\$2,467.75 Pgs=3

2023-996801 05/25/2023 01:54 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)
SHAWNYNE GARREN, RECORDER

SPACE ABOVE FOR RECORDER'S USE

## GRANT, BARGAIN, SALE DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Frank D. Angelo and Diane M. Angelo, husband and wife, as joint tenants

do(es) hereby Grant, Bargain, Sell and Convey to

Paul Joseph Kelly and Tamara Bernice Kelly, husband and wife, as community property with right of survivorship

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

Lot 28, Unit C, of Tahoe Village, Phase 1, an Amended Map of Alpine Village, Phase 1, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on December 7th, 1971, as Document No. 55769.

Assessors Parcel No.: 1319-30-516-031

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

Page 2 of the	Grant, Bargain, Sale Deed (signatu	re page). E	Escrow No.: 2303438	39-DR
hant		, 2023.		
Frank D. Ange Diane M. Ang	2 M. angelo			$\Box \setminus$
STATE OF N	EVADA / Su asto	sched Ca	lifonia Ack	ruddome
This instrume	nt was acknowledged before me or Diane M. Angelo.		1 1	, 20, by F
Notary Public			//	
				·

## 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.

4	State of California	}			
	County of <u>El Dorado</u>	}			
	On 14ay 13, 2023 before me, 1	Tambra Anderson Notam Public (Here insert name and title of the officer)			
	personally appeared Frank D. An	actory evidence to be the person(s) whose			
	(a) id/are subscribed to the within i	instrument and acknowledged to me that er/their authorized capacity(ies), and that by			
	his/her/their signature(s) on the instrum	ent 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.  Notary Public Signature (N	TAMBRA ANDERSON Notary Public - California El Dorado County Commission # 2368341 My Comm. Expires Jul 28, 2025 otary Public Seal)			
	NOTALLY Public Signature	•			
	ADDITIONAL OPTIONAL INFORMATION	INSTRUCTIONS FOR COMPLETING THIS FORM  This form complies with current California statutes regarding notary wording and.			
1	DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should he 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			
	(Title or description of attached document)	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.			
Н	(Title or description of attached document continued)  Number of Pages Document Date	<ul> <li>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).</li> </ul>			
١		Print the name(s) of document signer(s) who personally appear at the time of notarization.			
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)		<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/shc/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> </ul>			
		The notary scal 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.			
	☐ Attorney-in-Fact	Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.			
	☐ Trustee(s) ☐ Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a</li> </ul>			

2015 Version www NoteryClasses.com 800-873-9865

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) 1319-30-516-031 a) b) c) d) 2. Type of Property: FOR RECORDER'S OPTIONAL USE ONLY ☐ Vacant Land Sgl. Fam. Residence b) Document/Instrument No.: ☐ 2-4 Plex c) D Condo/Twnhse d) \_\_\_\_\_Page Book ☐ Comm'l/Ind't Apt. Bldg. ☐ Agricultural h) ☐ Mobile Home Date of Recording: Other: Notes: \_\_\_\_ \$622,500.00 3. a. Total Value/Sale Price of Property: b. Deed in Lieu of Foreclosure Only (value of property) (\$0.00)c. Transfer Tax Value: \$622,500.00 \$2,427.75 d. Real Property Transfer Tax Due: 4. IF EXEMPTION CLAIMED: a. Transfer Tax Exemption, per NRS 375,090, Section: b. Explain Reason for Exemption: 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 the 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. Grantor Capacity: Signature: Grantee Signature: Capacity: SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) (REQUIRED) Print Name: Paul Kelly and Tamara Kelly Print Name. Frank D. Angelo and Diane M. Angelo 440 Donald Drive Address: 2752 Aberdeen Lane Address: Moraga El Dorado Hills City: City: Zip: 94556 California Zip: 95762 State: State: COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer) First Centannial Title Company of Nevada Esc. #: 23034389-DR Print Name: Address: 896 W Nye Ln. Ste 104 Carson City State: NV Zip: 89703 City

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED

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