



SHAWNYNE GARREN, RECORDER E06

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

APN# 05-123-21

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

TITLE OF DOCUMENT
(DO NOT Abbreviate)

INTERSPOUSAL TRANSFER DEED

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

MICHAEL VRANES

RETURN TO: Name MICHAEL VRANES
Address P.O. BOX 10073
City/State/Zip ZEPHYR COVE, NV 89448

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name MICHAEL VRANES
Address P.O. BOX 10073
City/State/Zip ZEPHYR COVE, NV 89448

This page provides additional information required by NRS 111.312 Sections 1-2.
To print this document properly, do not use page scaling.
P:\Common\FORMS & NOTICES\Cover Page Template Oct2017

APN: 05-123-21
Return document to:
Michael Vranes
P.O. Box 10073
Zephyr Cove, NV 89448

Mail tax statements to:
Michael Vranes
P.O. Box 10073
Zephyr Cove, NV 89448

In compliance with NRS 239B.030, I, the undersigned, hereby affirm that this document submitted for recording does not contain a Social Security number.

GRANT DEED

This GRANT DEED, executed this day of , 2023, by the grantor,

Lois Karen Clark

for the consideration of Zero Dollars, through a Divorce Settlement,
in hand paid, does hereby grant, bargain, and sell forever to the grantee,
Michael Vranes, an unmarried man, as his sole property

all right, title, and interest in and to the following real property situated in the County of Douglas , State of Nevada, legally described as:

Lots 43, 44 and 45, in Block G, as delineated on that certain map entitled the AMENDED MAP OF SUBDIVISION NO. 2, ZEPHYR COVE PROPERTIES, INC.,

Commonly known as: 600 Pharris Lane, Zephyr Cove, NV 89448
Source of title:

Filed for record on August 5, 1929, in the Recording Office of Douglas County, Nevada, (said map being an Amended Map of Subdivision No. 2, Zephyr Cove Properties, Inc., filed for record on July 5, 1927, Document No. 92.

THIS CONVEYANCE is made subject to:

Together with all and singular, the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

IN WITNESS WHEREOF, the grantor has signed and sealed these presents on the day first above written.

Signed, sealed and delivered in the presence of:

Lois Karen Clark
Signature

Signature

LOIS KAREN CLARK
Print name

Print name

GRANTOR
Capacity

Capacity

Signature

Print name

Capacity

Signature

Print name

Capacity

Signature

Print name

Capacity

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

STATE OF _____)

COUNTY OF _____)

This instrument was acknowledged before me on the ____ day of _____, 2023, by _____

Notary Public

Print name

My commission expires:

PLEASE SEE ATTACHMENT FOR NOTARIZATION & SEAL

CALIFORNIA ALL PURPOSE 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 MATEO }

On 06/22/2023 before me, Josephine Suen, Notary Public,
Date (here insert name and title of the officer)

personally appeared Lois Karen Clark

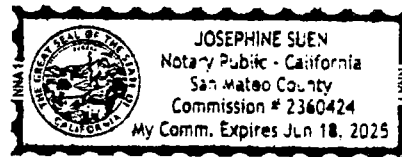
N/A

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity(ies), and that by her 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: _____ (Seal)



Description of Attached Document

Title or Type of Document: Grant Deed Number of Pages: 2

Document Date: _____ Other: _____

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 05-123-21
 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: _____
 NOTES: FOR SARCOT - New Parcel
1318-09-812-015

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 # 6
 b. Explain Reason for Exemption: Divorce Settlement and Decree

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 _____ Capacity Transferor/Grantor

Signature miel Capacity Transferee/Grantee

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

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

Print Name: Lois Karen Clark
 Address: 985 Fassler Avenue
 City: Pacifica
 State: CA Zip: 94044

Print Name: Michael Vranes
 Address: P.O. Box 10073
 City: Zephyr Cove
 State: NV Zip: 89448

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

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

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