

A.P.N. 1320-33-718-008



Recording Requested By:  
When Recorded Return to:

SHAWNYNE GARREN, RECORDER E03

John and Barbara Hays  
1380 Hastings Lane  
Gardnerville, NV 89410

Mail Tax Information to:

Same as above

The undersigned hereby affirms that  
this document does not contain the social  
security number of any party per NRS 239B.030

\_\_\_\_\_  
Title:

**GRANT, BARGAIN, SALE DEED**

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THIS INDENTURE WITNESSETH: That John S. Hays and Barbara S. Larson, husband and wife as joint tenants do hereby GRANT, BARGAIN, SELL and CONVEY to

John S. Hays and Barbara S. Hays, husband and wife as joint tenants and to the heirs and assigns of such Grantees forever, all the following real property situated in the city of Gardnerville, County of Douglas, Stat of Nevada, bounded and described as follows:

Lot 10 in Block B, as set forth on the Final Subdivision Map No. 1006-10 for CHICHESTER ESTATES, PHASE 10, filed in the office of the County Recorder of Douglas County, Nevada on April 25, 2002 in Book 402 of Official Records, Page 7623, as Document No. 540511

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions remainders, rents, issues, or profits thereof.

Dated 7/21, 2023

John S. Hays  
JOHN S. HAYS

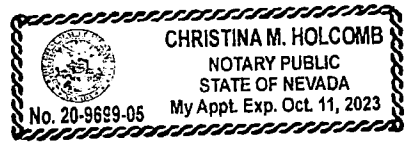
Barbara S. Larson  
BARBARA S. LARSON

**ACKNOWLEDGMENT**

STATE OF NEVADA )  
County of Douglas )ss:

On this 21<sup>st</sup> day of July, 2023, personally appeared before me, Christina M. Holcomb, a Notary Public, JOHN S. HAYS and BARBARA S. LARSON, known or proved to me to be the person who executed the foregoing GRANT DEED, and who acknowledged to me that he did so freely and voluntarily and for the uses and purposes herein stated.

Christina M. Holcomb  
NOTARY PUBLIC



NOTARY STAMP

# STATE OF NEVADA DECLARATION OF VALUE

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

**1. Assessor Parcel Number (s)**  
 (a) 1320-33-718-008  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

**2. Type of Property:**

a) <input type="checkbox"/> Vacant Land	b) <input checked="" type="checkbox"/> Single Fam Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg.	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> Other	

**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: # 3

b. Explain Reason for Exemption: Changing to Married Name.

**5. Partial Interest: Percentage being transferred:** \_\_\_\_\_ %

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

Signature Barbara Hays Capacity Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)  
 Print Name: Barbara Hays  
 Address: 1360 Hastings Ln  
 City: Gardnerville  
 State: NV Zip: 89410

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: Same  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_