

A.P.N. 1022-29-810-005, 1022-29-810-004
R.P.T.T. \$0



SHAWNYNE GARREN, RECORDER E07

Recorded at the Request of
Finn R. Jacobsen, Trustee
Finn R. Jacobsen Trust
dated January 20, 2022
Return to:
Law Offices of Gary L. Fales
8689 W. Sahara Ave., Suite 200
Las Vegas, NV 89117

Mail tax bill to:
Finn R. Jacobsen, Trustee
Finn R. Jacobsen Trust
dated January 20, 2022
PO Box 5024
Oxnard, CA 93031

GRANTOR:
Finn R. Jacobsen
PO Box 5024
Oxnard, CA 93031

GRANTEE:
Finn R. Jacobsen, Trustee
Finn R. Jacobsen Trust
dated January 20, 2022
PO Box 5024
Oxnard, CA 93031

GRANT, BARGAIN AND SALE DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **FINN R. JACOBSEN** an unmarried man, hereby GRANT(S), BARGAIN(S), SELL(S) AND CONVEY(S) to **FINN R. JACOBSEN, Trustee of the FINN R. JACOBSEN TRUST DATED JANUARY 20, 2022**, and any amendments thereto, that property in Douglas County, Nevada described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

IN WITNESS WHEREOF, this instrument has been executed this 27TH day of MAY, 2023

[Signature]
FINN R. JACOBSEN Signed By ERIC JACOBSEN, HIS ATTORNEY in fact

STATE OF NEVADA
COUNTY OF DOUGLAS

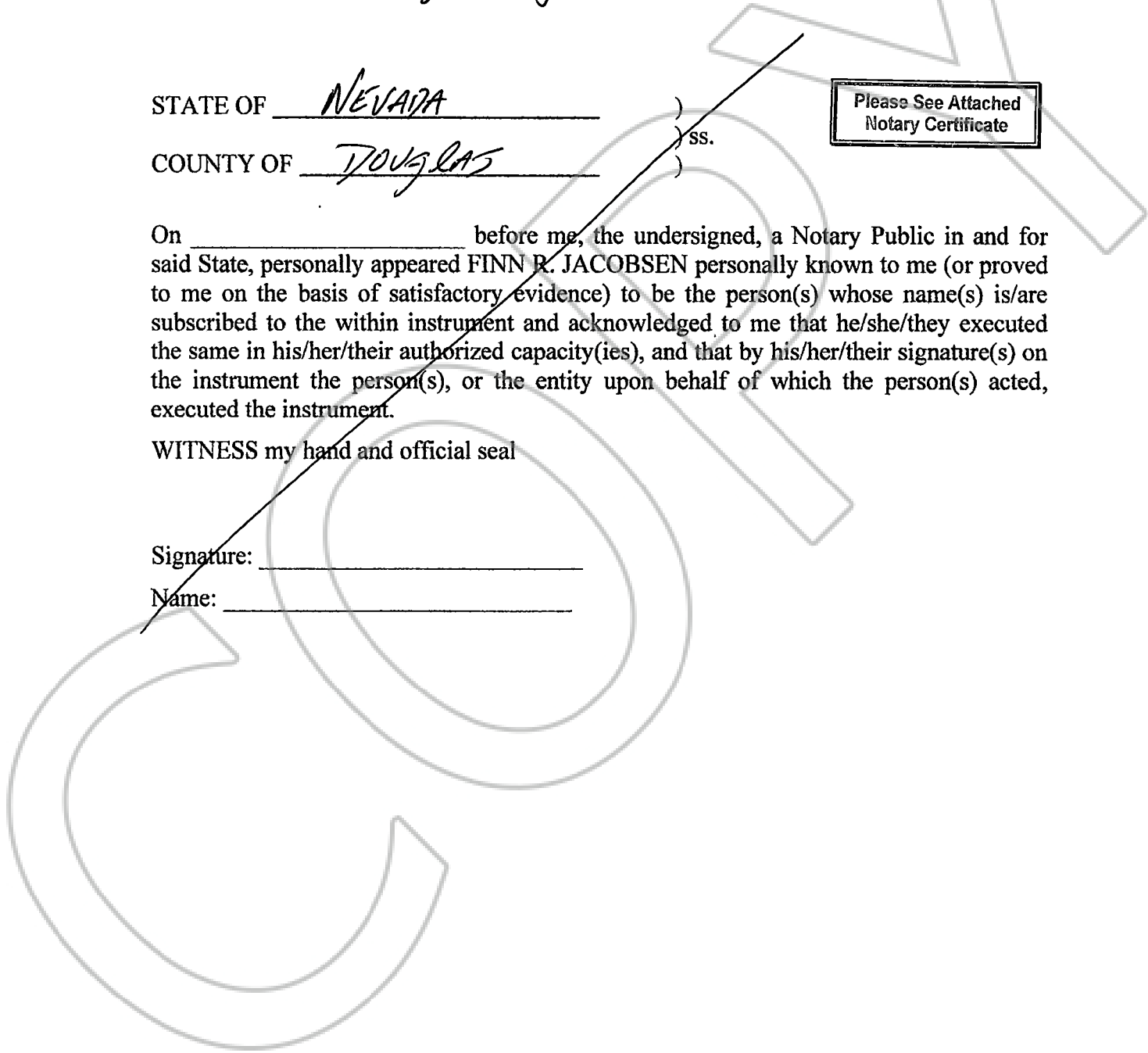
)
) ss.
)

Please See Attached
Notary Certificate

On _____ before me, the undersigned, a Notary Public in and for said State, personally appeared FINN R. JACOBSEN personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Signature: _____
Name: _____



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Santa Cruz)
On 5/27/2023 before me, Miguel Angel Tobon, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Eric Jacobsen
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their 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 [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

EXHIBIT "A"

Parcel 1a:

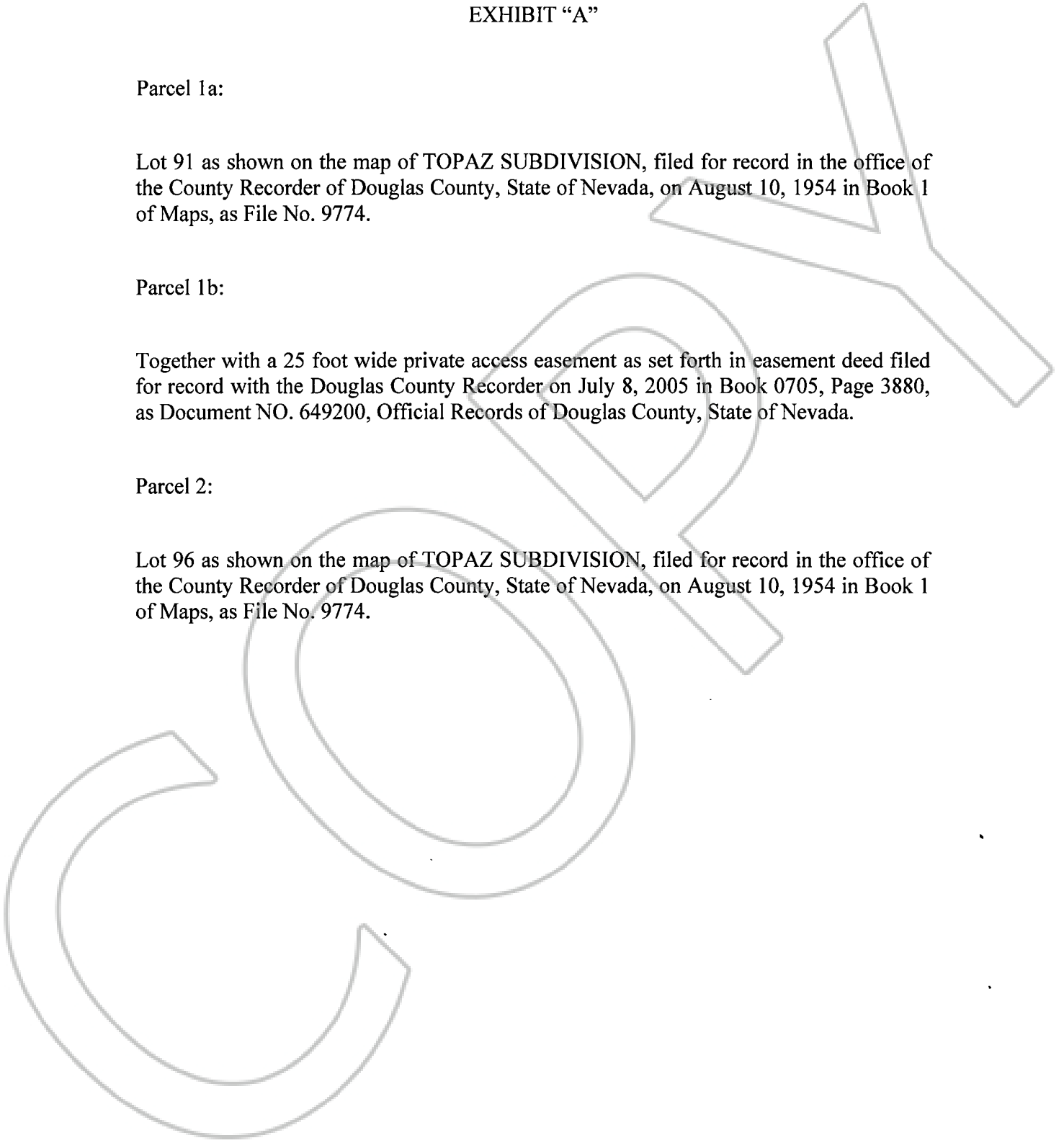
Lot 91 as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954 in Book 1 of Maps, as File No. 9774.

Parcel 1b:

Together with a 25 foot wide private access easement as set forth in easement deed filed for record with the Douglas County Recorder on July 8, 2005 in Book 0705, Page 3880, as Document NO. 649200, Official Records of Douglas County, State of Nevada.

Parcel 2:

Lot 96 as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954 in Book 1 of Maps, as File No. 9774.



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 1022-29-810-005
 b. 1022-29-810-004
 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
 Other

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: <u>7/27/23 n Trust OK</u>	
Notes: <u>(provided PPA)</u> ✗	

- 3.a. Total Value/Sales Price of Property \$ _____
 b. Deed in Lieu of Foreclosure Only (value of property (_____)
 c. Transfer Tax Value: \$ _____
 d. 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 of title to or from a trust without consideration

5. Partial Interest: Percentage being transferred: 100 %

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 [Handwritten Signature] Capacity: Representative
 Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Finn R. Jacobsen
 Address: PO Box 5024
 City: Oxnard
 State: CA Zip: 93031

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Finn R. Jacobsen, Trustee of the Finn R. Jacobsen Trust dated 1/20/2022
 Address: PO Box 5024
 City: Oxnard
 State: NV Zip: 93031

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)

Print Name: Law Offices of Gary L. Fales Escrow # _____
 Address: 8689 W. Sahara Ave., Suite 200
 City: Las Vegas State: NV Zip: 89117

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED