DOUGLAS COUNTY, NV

2024-1008291

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05/17/2024 03:06 PM

FIRST AMERICAN TITLE SPARKS
SHAWNYNE GARREN, RECORDER

A.P. No. 1318-23-410-022 Escrow No. 125-2650777-tw/lf

WHEN RECORDED RETURN TO: Grace Warner f. O. BOX 3881 Paso Robles, CA 93447

NOTICE OF COMPLETION

NOTICE IS HEREBY GIVEN THAT:

- The undersigned as OWNER of the interest or estate stated below in the property hereinafter described.
- The FULL NAME of the undersigned is Grace Warner, Trustee of The Grace Warner Family Trust, dated August 6, 2020.
- 3. The FULL ADDRESS of the undersigned is 216 Ponderosa Drive, Stateline, NV 89449.
- 4. The NATURE OF THE INTEREST or ESTATE of the undersigned is: Fee.
- 5. The FULL NAMES and FULL ADDRESSES of ALL PERSONS, if any, WHO HOLD SUCH INTEREST OF ESTATE with the undersigned as JOINT TENANTS OF AS TENANTS IN COMMON are: N/A.
- 6. The full names and full addresses of the predecessors in interest of the undersigned of the property was transferred subsequent to the commencement of the work of improvement herein referred to: N/A.
- 7. A work of improvement on the property hereinafter described was **COMPLETED** 4-3-3-4
- 8. The work of Improvement completed is described as follows: Single Family Residence .
- 9. The NAME OF THE ORIGINAL CONTRACTOR, if any, for such work of improvement is CH Development.
- 10. The street address of said property is 216 Ponderosa Drive, Stateline, NV 89449.
- 11. The property on which said work of improvement was completed is in the City of Stateline, County of Douglas, State of Nevada, and is described as follows:

LOT 26, AS SHOWN ON THE MAP OF PONDEROSA PARK SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 25, 1970, AS DOCUMENT NO. 47249.

Verification for NON INDIVIDUAL or INDIVIDUAL Owner

I, the undersigned, declare under penalty of perjury under the laws of the State of Nevada that I am the owner/agent of the aforesaid interest or estate in the property described in the above notice; that I have read said notice, that I know and understand the contents thereof, and the facts stated therein are true and correct.

	Notice of Completion - continued	File No.: 125-2650777 (tw)
022 Date: 4.27.202	<u> </u>	
		ee of The Grace Warner
	Family Trust, dated I	August 6, 2020.
	Grace Warner, Trust	ee
STATE OF NEVADA)		/ /
: ss. COUNTY OF WASHOE)))
		/ /
This instrument was acknowled	dged before me onby	
Grace Warner		
See attached Act	infu ledgment	
Notary Put	olic	
(My commission expires:) / /	

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.

State of California	}
County of San Luis Obispo	1
on 4/27/2024 before me, F	Richard A. Davega, Notary Public
who proved to me on the basis of satisfa name(e) is/are subscribed to the within it	nctory evidence to be the person(s) whose instrument and acknowledged to me that
	er/their authorized capacity(les), and that by ent the person(e), or the entity upon behalf of a instrument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corr	under the laws of the State of California that rect.
WITNESS my hand and official seal.	RICHARD A. DAVEGA Comm. #2411404 Notary Public California San Luis Obispo County Comm. Expires Aug 20, 2026
DESCRIPTION OF THE ATTACHED DOCUMENT	ON INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, g needed, should be completed and attached to the document, Acknowedgents 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 law.
(Title or description of attached document) (Title or description of attached document continued) Number of Pages 2 Document Date	 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. 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).
CAPACITY CLAIMED BY THE SIGNER individual (s)	Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/Hey, is /ero) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
Corporate Officer (Title) Partner(s) Attorney-in-Fact	 The notary seal 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. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
Trustee(s) Other	Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document with a stople.