DOUGLAS COUNTY, NV

RPTT:\$452.40 Rec:\$40.00

2024-1010588

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SHAWNYNE GARREN, RECORDER

FIRST CENTENNIAL - RENO (MAIN OFFICE)

APN: 1022-18-002-043 **R.P.T.T.:** \$452.40

Escrow No.: 24043402-SA When Recorded Return To:

Barry S. Stone P.O Box 4265 Stateline, NV 89449

Mail Tax Statements to: Barry S. Stone P.O Box 4265 Stateline, NV 89449

SPACE ABOVE FOR RECORDER'S USE

## **GRANT, BARGAIN, SALE DEED**

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Eric Goss and Kathryn J. Goss, husband and wife as community property with right of survivorship

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

## Barry S. Stone, an unmarried man

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

Lot 18, in Block B, of Holbrook Highlands, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on March 22nd, 1978, as Document No. 18825.

Assessors Parcel No.: 1022-18-002-043

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

Page 2 of the G	irant, Bargain, Sale Deed (si	gnature page).	Escrow No.: 240434	02-SA
Dated this 3	day of July	, 2024.		
Eric Goss				\ \
Kathryn J. Gose	JAN 188			_\\
STATE OF NE	∕ADA			
COUNTY OF _				
	was acknowledged before	me on thisda	ay of	, 20, by Er
Oos and rawn	yn o. Godd.			
Notary Public				
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## 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.

State of California	}		\ \					
County of Stanislans	_ }		$\rightarrow$					
On July 29, 2024 before messes personally appeared Evic 6055	sherry Av	Melcan and title of the officer)	of Rublic					
personally appeared	Kathi	MYN J G055						
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/(hey)executed the same in his/her/(their)authorized capacity(lies) and that by								
nis/ner/their signature(s) on the instrument the person(s), or the entity upon behalf of								
which the person(s) acted, executed the	e instrumer	nt. 🔪 /						
	`	\						
certify under PENALTY OF PERJURY	under the	laws of the State of Calif	ornia that					
the foregoing paragraph is true and cor	rect	idire of all of early	orna mat					
9 9 1 9	1		***					
WITNESS my hand and official seal.		SHERRY ANN	TRELOAR					
WITHLOO My Hand and Official Seal.		Notary Public - Stanislaus (						
SIDAD	/	Commission #	2359595					
Notes Public Sideburn Nelcost	D		3 3011 7, 2023					
Notary Public Signature (Notary Public Seal)								
ADDITIONAL OPTIONAL INFORMATI	IN IN	NSTRUCTIONS FOR COMPLET	TING THIS FORM					
ADDITIONAL OPTIONAL INFORMATI		complies with current California statutes should be completed and attached to the d						
DESCRIPTION OF THE ATTACHED DOCUMENT	from other	states may be completed for documents be	eing sent to that state so long					
Grant Kargain	as the word law.	ding does not require the California notar	y to violate California notary					
(Title or description of attached document)	State and	County information must be the State as	nd County where the document					
Jale Deed	<ul> <li>Date of n</li> </ul>	personally appeared before the notary pub otarization must be the date that the signs	er(s) personally appeared which					
(Title or description of attached document continued)	must also  The nota	be the same date the acknowledgment is ry public must print his or her name a	completed.					
Number of Pages 4 Document Date 7-29-2024	commissi	ion followed by a comma and then your ti	itle (notary public).					
(	<ul> <li>Print the notarizati</li> </ul>	name(s) of document signer(s) who pe	rsonally appear at the time of					
CAPACITY CLAIMED BY THE SIGNER	Indicate t	the correct singular or plural forms by cr <del>cy,</del> is / <del>are</del> ) or circling the correct forms. I	rossing off incorrect forms (i.e.					
Individual (s)	informati	on may lead to rejection of document reco	ording.					
☐ Corporate Officer	Impression	ary seal impression must be clear and on must not cover text or lines. If seal in	npression smudges, re-seal if a					
(Title)	sufficient	area permits, otherwise complete a differ of the notary public must match the sign	ent acknowledgment form.					
☐ Partner(s)	the count	v clerk.						
☐ Attorney-in-Fact	l a	Additional information is not required lacknowledgment is not misused or attached	d to a different document.					
☐ Trustee(s) ☐ Other	♦ in	ndicate title or type of attached document, ndicate the capacity claimed by the sign	, number of pages and date.					
Other	ı c	corporate officer, indicate the title (i.e. CE	O, CFO, Secretary).					
2015 Version www.NotaryClasses.com 800-873-9865	<ul> <li>Securely</li> </ul>	attach this document to the signed docum	ent with a staple.					

## **DECLARATION OF VALUE FORM** Assessor Parcel Number(s) 1022-18-002-043 a) b) c) d) 2. Type of Property: FOR RECORDER'S OPTIONAL USE ONLY ☐ Sgl. Fam. Residence ✓ Vacant Land a) b) Document/Instrument No.: ☐ 2-4 Plex ☐ Condo/Twnhse d) c) Page Apt. Bldg. f) ☐ Comm'l/Ind'l Book e) ☐ Mobile Home ☐ Agricultural h) Date of Recording: Other: \_ Notes: \$116,000.00 3. a. Total Value/Sale Price of Property: b. Deed in Lieu of Foreclosure Only (value of property) (\$0.00)c. Transfer Tax Value: \$116,000.00 \$452.40 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. Granter /Scrow Capacity: Signature: Capacity: Grantee Signature: **SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION** (REQUIRED) (REQUIRED) Print Name: Eric Goss and Kathryn J. Goss Print Name: Barry S. Stone 17263 Locust Ave Address: P.O Box 4265 Address: Stateline City: Patterson City: Zip: 95363 Zip: 89449 State: CA State: Nevada COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer) Print Name: First Centennial Title Company of Nevada Esc. #: 24043402-SA 1352 Hwy 395, Ste 114 Address: Gardnerville State: NV Zip: 89410 City

STATE OF NEVADA

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED